

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
 04-10-2000 90019 033 ***158.75

DOCUMENT # P96000012992

1. Entity Name

COASTAL COMPUTER TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

1090 N. BEAL PARKWAY
 FORT WALTON BEACH FL 32547

P O BOX 1837
 FORT WALTON BEACH FL 32549-1837
 US

2. Principal Place of Business

3. Mailing Address

1793 F.I.M. Blvd

1793 F.I.M. Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Walton Beach, FL

City & State

FT. Walton Beach, FL

Zip

Country

32547

USA

Zip

Country

32547

USA

4. FEI Number

59-3363174

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMILTON, CARL T SR.
 1090 N. BEAL PARKWAY
 FORT WALTON BEACH FL 32547**

Name

CARL T. HAMILTON SR.

Street Address (P.O. Box Number is Not Acceptable)

City

**1793 F.I.M. Blvd.
 Fort Walton Beach**

FL

Zip Code

32547

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HAMILTON, CARL T SR.**
 CITY-ST-ZIP **1090 N. BEAL PARKWAY
 FORT WALTON BEACH FL 32547**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **CARL T. HAMILTON SR.**
 CITY-ST-ZIP **1793 F.I.M. Blvd
 Ft. Walton Beach, FL 32547**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HAWKINS, SANDRA LUCILLE**
 CITY-ST-ZIP **1090 N. BEAL PARKWAY
 FORT WALTON BEACH FL 32547**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **SANDRA LUCILLE HAWKINS**
 CITY-ST-ZIP **1793 F.I.M. Blvd.
 Fort Walton Beach, FL 32547**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carl T Hamilton Sr**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00 **(850) 864-3071**
 Date Daytime Phone #