

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000018986**

1. Entity Name

COASTAL CAR COMPANY, INC.

Principal Place of Business

**3712 W. 23RD STREET
PANAMA CITY FL 32405**

Mailing Address

**3712 W. 23RD STREET
PANAMA CITY FL 32405-1315**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3385455Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DONALSON, JO LYNNE
742 WEST 23RD STREET
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name **Jo Lynne Retherford**
Street Address (P.O. Box Number is Not Acceptable)
742 W. 23rd StreetCity **Panama City** **FL** Zip Code **32405**

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

1-25-009. 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

TITLE **0** ☐ Delete
NAME **DONALSON, JOE**
STREET ADDRESS **266 BRIAWOOD CIR**
CITY-ST-ZIP **PANAMA CITY FL 32405**TITLE **0** ☐ Delete
NAME **DONALSON, JO LYNNE**
STREET ADDRESS **742 WEST 23RD ST**
CITY-ST-ZIP **PANAMA CITY FL 32405**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Donalson, Joe**
STREET ADDRESS **6101 GULF Drive**
CITY-ST-ZIP **Panama City Beach, FL 32408**TITLE ☒ Change ☐ Addition
NAME **Jo Lynne Retherford**
STREET ADDRESS **109 Grove Isle Blvd.**
CITY-ST-ZIP **Panama City Beach, FL 32408**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

850-785-8852

Daytime Phone #