

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90107 022 ***158.75

049432 AV

DOCUMENT # P96000092650

1. Entity Name

COASTAL MARKETING, INC.

Principal Place of Business

Mailing Address

**11451 PERSIMMON CT.
FORT MYERS FL 33913
US**

**6900-29 DANIELS PKWY
FT MYERS FL 33912
US**

2. Principal Place of Business

3. Mailing Address

11350 Metro Pkwy.

11350 Metro Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#117

#117

City & State

City & State

Fort Myers, FL.

Fort Myers FL

Zip

Country

Zip

Country

33912

US

33912

US

DO NOT WRITE IN THIS SPACE



4. FEI Number

65-0712765

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

**HALL, CHRISTOPHER W
11451 PERSIMMON CT.
FT MYERS FL 33913**

Name

Hall, Christopher W

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

11350 Metro Pkwy #117

City

Fort Myers

FL

Zip Code

33912

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

Chris Hall

3/15/02

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, 2002 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	DPVS	<input type="checkbox"/> Delete
NAME	HALL, CHRISTOPHER W	
STREET ADDRESS	11451 PERSIMMON CT.	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALL, CHRISTOPHER W	
STREET ADDRESS	11451 PERSIMMON CT.	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, Christopher W.	
STREET ADDRESS	11350 Metro Pkwy #117	
CITY-ST-ZIP	Fort Myers, FL. 33912	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hall, Toni Q	
STREET ADDRESS	11350 Metro Pkwy #117	
CITY-ST-ZIP	Fort Myers, FL. 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

Daytime Phone #

CR2E034 (9/01)