FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 22, 2001 8:00 am DOCUMENT # P97000046047 **Secretary of State** COASTAL UNDERGROUND, INC. 02-22-2001 90006 050 \*\*\*150.00 Principal Place of Business Maling Address BUCKINGNAM. MICHAEL ALLAN 160 INDUSTRIAL RD 160 INDUSTRIAL PARK ROAD DESTIN E 32541 DESTIN FL 32541 Principal Place of Business INC. Mailing Address ·0· Box OASTAL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3457827 Not Applicable Country Zip Country \$8,75 Additional 5. Certificate of Status Desired 32640-5433 Fee Required OLAdoosa 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATTHEWS, DANA C ESQ. -Street-Address (P.O. Box Number is Not Acceptable) 607 HIGHWAY 98 EAST DESTIN FL 32541 Zin Code City FŁ 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE tresident - owner BUCKINGHAM, MICHAEL ALLAN NAME NAME Dilliam WHOOLERY 160 INDUSTRIAL RD STREET ADDRESS STREET ADDRESS 5 Pompano ST DESTIN FL 32541 CITY-ST-ZIP CITY-ST-7IP 30 K ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7F CITY-ST-7IP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-ZIP Change Addition -TITLE 'Dēlētē TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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