

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90114 005 ***150.00

DOCUMENT # P97000056588

1. Entity Name
VISTAL SANDS, INC.



Principal Place of Business
**1268 PITTS ROAD
CHIPLEY FL 32428**

Mailing Address
**PO BOX 516
CHIPLEY FL 32428**



2. Principal Place of Business

**5365 E. Co. Hwy 30-A
Ste. 107**

3. Mailing Address

**5365 E. Co. Hwy 30-A
Ste. 107**

City & State

Seagrove Bch FL

City & State

Seagrove Bch FL

Zip

32459

Country

Walton

Zip

32459

Country

Walton

4. FEI Number

59-3460356

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COGGIN, M.R. JR
1268 PITTS ROAD
CHIPLEY FL 32428**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **BEAUCHAMP, KRYSTAL M**
STREET ADDRESS **169 NORTH ANDALUSIA AVE**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **P** ☐ Delete
NAME **COGGIN, M.R. JR**
STREET ADDRESS **1268 PITTS ROAD**
CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **VP** ☐ Delete
NAME **BEAUCHAMP, BRAD**
STREET ADDRESS **80 CULLMAN AVE**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/03

850-231-3090

Date

Daytime Phone #

CR2E034 (10/02)