

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000853

1. Entity Name

COASTAL DEVELOPMENT CORPORATION OF DESTIN, INC.

Principal Place of Business

Mailing Address

8652 NAVARRE PKWY. #153
NAVARRE FL 32566

8652 NAVARRE PKWY. #153
NAVARRE FL 32566-2163

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90051 012 ***158.75



DO NOT WRITE IN THIS SPACE

COASTAL DEVELOPMENT
CORPORATION OF DESTIN INC.
PMB # 413
10859 EMERALD COAST PKWY. W.
DESTIN, FLORIDA 32541-7869

3. Mailing Address
COASTAL DEVELOPMENT-
CORPORATION OF DESTIN INC.
PMB # 413
10859 EMERALD COAST PKWY. W.
DESTIN, FLORIDA 32541-7869

FEI Number 59-3484212
Applied For
Not Applicable

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

PAULSON, SCOTT

~~1000 AIRPORT RD, STE E~~
~~DESTIN FL 32541~~

Name SCOTT PAULSON

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

4507-FURLING LN.

SUITE 110

City DESTIN

FL 32541

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 SCOTT PAULSON

(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 NAME STREET ADDRESS CITY-ST-ZIP	D PAULSON, TERRY 8735 HWY 98 W, NAVARRE PKWY NAVARRE FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULSON, SCOTT 2504 EDGEWATER DR NICEVILLE FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ELMER 929 LIGHHOUSE RD FORT WALTON BEACH FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, WAYNE 296 N HOLIDAY RD DESTIN FL 32541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

850-650-7559

CR2E034 (9/99)