

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90683 023 ***150.00

DOCUMENT # P98000000853

1. Entity Name
COASTAL DEVELOPMENT CORPORATION OF DESTIN, INC.



Principal Place of Business
**10859 EMERALD COAST PARKWAY WEST
PMB 413
DESTIN FL 32550**

Mailing Address
**10859 EMERALD COAST PARKWAY WEST
PMB 413
DESTIN FL 32550**



2. Principal Place of Business
4507-Furling LN

3. Mailing Address
4507-Furling LN

Suite, Apt. #, etc.
UNIT 110

Suite, Apt. #, etc.
UNIT 110

City & State
DESTIN

City & State
DESTIN

Zip
32541 Country
USA

Zip
32541 Country
USA

4. FEI Number **59-3484212**

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

**PAULSON, TERRY
4507 FURLING LANE
UNIT 110
DESTIN FL 32541**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **TERRY PAULSON DPS**
Signature, typed or printed name of registered agent and title if applicable.

Terry Paulson
(NOTE: Registered Agent signature required when reinstating)

1-10-03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
NAME **PAULSON, TERRY**
STREET ADDRESS **4507 FURLING LANE, UNIT 110**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE ☐ Delete
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: **TERRY PAULSON DPS** **1-10-03** **850-658-7559**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)