

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055875

1. Entity Name

COASTAL DRYSTACK, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90084 031 ***150.00

Principal Place of Business

Mailing Address

1570 US HWY 98
CARRABELLE FL 32322

1570 US HWY 98
CARRABELLE FL 32322

2. Principal Place of Business

3. Mailing Address

115 Timber Island Road
Suite, Apt. #, etc.

P.O. Box 1335
Suite, Apt. #, etc.

City & State
Carrabelle, Florida

City & State
Carrabelle, Florida

4. FEI Number
59-3520258

Applied For
Not Applicable

Zip
32322

Country
USA
Franklin

Zip
32322

Country
USA
Franklin

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

WATKINS, J. BEN
103 MERIDIAN ST SOUTH
CARRABELLE FL 32322

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.

SIGNATURE

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

(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
CONNER, THOMAS W
1570 US HWY 98
CARRABELLE FL 32322 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Conner, Thomas
115 Timber Island Road
Carrabelle, Florida 32322 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AUSTIN, BEVERLY R
1570 US HWY 98
CARRABELLE FL 32322 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Austin, Beverly R.
115 Timber Island Road
Carrabelle, Florida 32322 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

CR2E034 (9/99)