

1. Entity Name **160# P98000071857**  
COASTAL INTERIORS OF PONTE VEDRA BEACH  
FLORIDA, INC.



**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90019 025 \*\*\*150.00

Principal Place of Business Mailing Address  
**10033 SAWGRASS DR. WEST** **10033 SAWGRASS DR. WEST**  
**SUITE 200** **SUITE 200**  
**PONTE VEDRA BEACH FL 32082** **PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**236-3 Canal Blvd** **236-3 Canal Blvd**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Ponte Vedra Beach**  
City & State **FL** City & State **Ponte Vedra Beach FL**  
Zip **32082** Country Zip **32082** Country

1st MOORE CR2E034 (10/07)

4. FEI Number **91-1924133** 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  
**YODER, MARGIE** **Coastal Interiors Inc.**  
**10033 SAWGRASS DR. WEST** **236-3 Canal Blvd**  
**SUITE 200** **Ponte Vedra Beach, FL 32082**  
**PONTE VEDRA BEACH FL 32082**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE P ☐ Delete TITLE ☐ Change ☐ Addition  
NAME **YODER, MARGIE**  
STREET ADDRESS **10033 SAWGRASS DR W, STE 200**  
CITY - ST - ZIP **PONTE VEDRA BEACH FL 32082**  
TITLE ☐ Delete TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ Delete TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ Delete TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Margie Yoder  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #