

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103525

1. Entity Name

COASTLINE HOBBIES, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90003 017 ***150.00

00065021

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10610 REGENT CIRCLE 10610 REGENT CIR.
NAPLES, FL 34109 NAPLES, FL 34109

2. Principal Place of Business 3. Mailing Address
10610 REGENT CIRCLE 10610 REGENT CIRCLE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES, FL NAPLES, FL 34109
Zip Country Zip Country
34109 USA 34109 USA

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLLY, RONALD B.
10610 REGENT CIRCLE
NAPLES, FL 34109

7. Name and Address of New Registered Agent

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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL MCKINNEY		NAME		
STREET ADDRESS	5246 HOLLAND STREET		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	DUPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES THOMAS		NAME		
STREET ADDRESS	P.O. BOX 1615		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34106		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD B. GOLLY		NAME		
STREET ADDRESS	10610 REGENT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Ronald B. Golly RONALD B. GOLLY 6/10/00 (941) 598-4507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)