

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90877 024 ***150.00

DOCUMENT # P99000003966

1. Entity Name

COASTAL HOTEL HOLDING CORP. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2101 S. ATLANTIC AVE.

Suite, Apt. #, etc.

3. Mailing Address

2101 S. ATLANTIC AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAYTONA BCH SHORES, FL

City & State

DAYTONA BCH SHORES, FL

4. FEI Number

59-3565464

Applied For

Not Applicable

Zip

Country

Zip

Country

32118

USA

32118

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NIEDERPRUEM, LINDA, A.

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

2101 S. ATLANTIC AVE.

DAYTONA BEACH SHORES

City

FL Zip Code
32118

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
LINDA A. NIEDERPRUEM
2101 S. ATLANTIC AVE,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DAYTONA BCH SH., FL. 32118

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT-SEC'Y.
CURT L. NIEDERPRUEM
2101 S. ATLANTIC AVE.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DAYTOAN BCH SH., FL. 32118

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda A. Niederpruem, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02
Date

386-254-8710
Daytime Phone #

LINDA A. NIEDERPRUEM

CR2E034B (12/01)