

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90123 019 ***150.00

DOCUMENT # P99000039749

1. Entity Name

COASTAL COLLECTIONS INC



Principal Place of Business

P.O. BOX 290068

PORT ORANGE FL 32129

Mailing Address

P.O. BOX 290068

PORT ORANGE FL 32129

2. Principal Place of Business

2115 WEST POINSETTIA DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PORT ORANGE FL

City & State

4. FEI Number

59-3571707

Applied For

Not Applicable

Zip

32128

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BEARDSLEE, JANE K
907 TREE GARDEN DR.
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name BEARDSLEE, JANE K.

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

2115 WEST POINSETTIA DRIVE

City PORT ORANGE

FL

Zip Code

32128

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE P
NAME BEARDSLEE, JANE K
STREET ADDRESS 907 TREE GARDEN DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32127 ☐ Delete

TITLE V
NAME BEARDSLEE, DONALD R
STREET ADDRESS 907 TREE GARDEN DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BEARDSLEE, JANE K.
STREET ADDRESS 2115 WEST POINSETTIA DRIVE
CITY-ST-ZIP PORT ORANGE FL 32128 ☒ Change ☐ Addition

TITLE V
NAME BEARDSLEE, DONALD R.
STREET ADDRESS 2115 WEST POINSETTIA DRIVE
CITY-ST-ZIP PORT ORANGE FL 32128 ☒ Change ☐ Addition

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

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

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

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

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:

Jane K. Beardslee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-03

Date

(386) 323-7728

Daytime Phone #

CR2E034 (10/02)