

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90362 007 ***150.00

DOCUMENT # P99000060869

1. Entity Name

COASTAL MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

1493 SCARLETT WAY
 GREN COVE SPRINGS FL 32043

1493 SCARLETT WAY
 GREN COVE SPRINGS FL 32043

725992

2. Principal Place of Business

3. Mailing Address

2233 Park Ave

2233 Park Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 302

Suite 302

City & State

City & State

Orange Park, FL

Orange Park, FL

Zip

Country

Zip

Country

32073

USA

32073

USA

4. FEI Number 59-3589537

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

GARNER, RON
 1493 SCARLETT WAY
 GREN COVE SPRINGS FL 32043

Name RON GARNER

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

2233 Park Ave - Suite 302

City ORANGE PARK

FL

Zip Code 32073

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

RONALD A. GARNER President Ronald A. Garner 8-06-01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	GARNER, RON	
STREET ADDRESS	1493 SCARLETT WAY	
CITY-ST-ZIP	GREN COVE SPRINGS FL 32043	
TITLE	Charlotte W. Garner V.P.	<input type="checkbox"/> Delete
NAME	1493 Scarlett Way	
STREET ADDRESS	Green Cove Springs FL 32043	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 A. Garner RONALD A. GARNER President 2/6/01 904-215-3788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)