

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90291 035 ***150.00

DOCUMENT # P99000060869

1. Entity Name

COASTAL MARKETING GROUP, INC.



Principal Place of Business

2233 PARK AVE #302
ORANGE PARK FL 32073

Mailing Address

2233 PARK AVE #302
ORANGE PARK FL 32073

(NOTE change)

2. Principal Place of Business
4595 Lexington Ave

3. Mailing Address
4595 Lexington Ave

Suite, Apt., etc.

Suite 200

Suite, Apt., etc.

Suite 200

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

USA

Zip

32110

Country

Duval

☐ CHECK HERE IF MAKING CHANGES

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

GARNER, RON
2233 PARK AVE #302
ORANGE PARK FL 32073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ronald A. Garner

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GARNER, RON
STREET ADDRESS 1493 SCARLETT WAY
CITY-ST-ZIP GREENCOVE SPRINGS FL 32043

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

TITLE VP ☐ Delete
NAME GARNER, CHARLOTTE W
STREET ADDRESS 1493 SCARLETT WAY
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE VP-S ☐ Delete
NAME GARVER, RONALD H JR
STREET ADDRESS 1800 SENTRY OAK COURT
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

TITLE ST ☐ Delete
NAME LEDFORD, PAMELA G
STREET ADDRESS 3383 BEULAH VISTA COURT
CITY-ST-ZIP ORANGE PARK FL 32003

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Ronald A. Garner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

904-381-0124

Date

Daytime Phone #

CR2E034 (10/02)