

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079654

1. Entity Name
COASTAL SHORES PROPERTIES, INC.



FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90159 023 ***150.00

Principal Place of Business
53 COASTAL HWY.
OCHLOKONEE BAY FL 32346

Mailing Address
53 COASTAL HWY.
OCHLOKONEE BAY FL 32346



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3596625

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, WELCHTER
53 COASTAL HWY
OCHLOKONEE BAY FL 32346

Name: JOANN SHEPARD
Street Address (P.O. Box Number is Not Acceptable)
53 COASTAL HWY
PANACEA, FL 32346
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 JOANN M. SHEPARD
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/03
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 WECHTER, CINDY S
STREET ADDRESS 34 GLOVER DADDY RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE DPST ☒ Delete
NAME THOMAS, WECHTER
STREET ADDRESS 34 GLOVER DADDY RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE DC ☐ Delete
NAME MARVIN, SHEPPARD
STREET ADDRESS 51 COSTAL HWY
CITY-ST-ZIP PANACEA FL 32346

TITLE DP ☒ Change ☐ Addition
NAME MARVIN L. SHEPARD
STREET ADDRESS 51 SUNRISE LN.
CITY-ST-ZIP OCHLOKONEE BAY, FL 32346

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPST ☐ Change ☒ Addition
NAME JOANN SHEPARD
STREET ADDRESS 53 COASTAL HWY
CITY-ST-ZIP PANACEA, FL 32346

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 *Thomas A. Wechter* THOMAS A. WECHTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03
Date

850 926 6102
Daytime Phone #

CR2E034 (10/02)