

2000 UNIFORM BUSINESS REPORT (UBR)

5/4/

FILED

May 30, 2000 8:00 am
Secretary of State

05-04-2000 90020 028 ***150.00

DOCUMENT # P99000087839

1. Entity Name

COASTAL ACUPUNCTURE INC

Principal Place of Business

1635 S. RIDGEWOOD STE. 206
S. DAYTONA FL 32119

Mailing Address

1635 S. RIDGEWOOD STE. 206
S. DAYTONA FL 32119-8425

2. Principal Place of Business

4343B RIDGEWOOD Ave.
Suite, Apt. #, etc.

3. Mailing Address

4343B RIDGEWOOD Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Orange, FL
Zip 32127 Country Volusia

City & State

Port Orange, FL
Zip 32127 Country Volusia

4. FEI Number

59-3601830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'GWYNN, PATRICIA
1635 S. RIDGEWOOD STE. 206
S. DAYTONA FL 32119

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.

SIGNATURE

Patricia J. O'Gwynn, P.P.
Signature, typed or printed name of registered agent and block applicable. (NOTE: Registered Agent signature required when reinstating)

4/3/00
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, 2000 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

TITLE NAME ☐ Delete
President Patricia Jean O'Gwynn
STREET ADDRESS 2344 Sherwood Dr.
CITY-ST-ZIP So. Daytona, FL 32119

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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:

Patricia J. O'Gwynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00
Date

904-788-6300
Daytime Phone #

CR2E034 (9/99)