

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092417

1. Entity Name

COASTAL CAPITAL CORP.

Principal Place of Business

8380 BAYMEADOWS ROAD
SUITE 9
JACKSONVILLE FL 32246

Mailing Address

8380 BAYMEADOWS ROAD
SUITE 9
JACKSONVILLE FL 32246

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEWIS, DAVID B
12969 FALLENTREE DRIVE NORTH
JACKSONVILLE FL 32246

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

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

David B. Lewis

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2001

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	LEWIS, DAVID B	12969 FALLENTREE DRIVE NORTH	JACKSONVILLE FL 32246	<input type="checkbox"/>
D	MCGANN, LEWIS A II	2107 FAIRWAY VILLAS LANE SOUTH	ATLANTIC BEACH FL 32233	<input type="checkbox"/>
D	DENGLER, KEVIN E	4671 HARPERS FERRY LANE	JACKSONVILLE FL 32257	<input checked="" type="checkbox"/>
D	LIBERT, SANDE M	2885 N. DEER AVENUE	MIDDLEBURG FL 32068	<input type="checkbox"/>
D	LEITNER, PHILIP	1206 NW 3RD PLACE	GAINESVILLE FL 32603	<input checked="" type="checkbox"/>
D	CLAYTON, BONNIE J	1541 6TH AVE NORTH	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David B. Lewis

Date

Daytime Phone #

4/30/2001 904-737-8995

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90137 001 ***750.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)