

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S08801

1. Entity Name

COASTAL FIRST INSURANCE AGENCY, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90095 030 ***158.75

Principal Place of Business

Mailing Address

~~PO BOX 10660~~
~~PENSACOLA FL 32529~~
~~US~~

PO BOX 10660
~~PENSACOLA FL 32245-0715~~
~~US~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 19715
Suite, Apt. #, etc.

P.O. Box 19715
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-0302472

Applied For

☒ Not Applicable

Zip

32245

Country

Dual

Zip

32245

Country

Dual

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

LAMB, ROBERT C.
4301 CREIGHTON RD
102
PENSACOLA FL 32504

Name

LAMB, Robert C.

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

8433 Southside Boulevard

City

Jacksonville

FL

Zip Code

32256

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.

(NOTE: Registered Agent signature required when reinstating)

4/4/2000
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LAMB, ROBERT C.
4301 CREIGHTON RD., 102
PENSACOLA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

D LAMB, Robert C.
8433 Southside Boulevard
Jacksonville, FL 32256

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

4/4/2000
Date

Daytime Phone #

CR2E034 (9/99)