FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 08, 2000 8:00 am Secretary of State OCUMENT # **S49574** COASTAL REALTY SERVICES, INCORPORATED 03-08-2000 90076 014 ***150.00 Anaipal Place of Business Mailing Address 19321 US HWY 19 N --- : US HWY 19 N V ~ V ~ O 1 C303 CLEARWATER FL 33764-3169 - ARWATER FL 33764 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3111666 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Curtis A Crenshaw MARKS, LEONARD H Street Address 132 Box Number is Not Acreptable C303 1408 N WESTSHORE BLVD **STE 916** TAMPA FL 33607 Zip353764 FL Clearwater 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 3-3-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) Delete TITLE TITLE CRENSHAW, CURTIS A. NAME NAME STREET ADDRESS 1170 GULF BLVD., APT. 2006 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33767** Change ■ Addition TITLE ☐ Delete TITLE CRENSHAW, BETTY NAME NAME STREET ADDRESS 1170 GULF BLVD., APT. 2006 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33767** ☐ Channe Addition ☐ Delete TITLE LARSON, JEANNINE C. NAME NAME STREET ADDRESS 2908 LAKE STALL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00 Date 727-535-9567

Daytime Phone #