

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S53756

1. Entity Name
JAS COASTAL REALTY, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90023 031 ***150.00

Principal Place of Business
~~39987 EMERALD COAST PKWY~~
DESTIN FL 32541
US

Mailing Address
POST OFFICE BOX 5708
DESTIN FL 32540

140010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4507 FURLING

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.
UNIT # 213

Suite, Apt. #, etc.

City & State
DESTIN FL

City & State

Zip
32541

Country
OKALOOSA

Zip

Country

4. FEI Number 59-3070625

Applied For
Not Applicable

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

HALL, STEVE
36468 EMERALD COAST PARKWAY
STE 2201
DESTIN FL 32541

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SHARPE, JAMES A	165 CREST DRIVE	DESTIN FL 32541	<input type="checkbox"/>
VD	SHARPE, ANNE	165 CREST DRIVE	DESTIN FL 32541	<input type="checkbox"/>
S	CARR, SHANNON	4456 KINGSLYNN ROAD	NICEVILLE FL 32578	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" 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: James A. Sharpe 3/7/01 850-654-4550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)