2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # S61922** Apr 21, 2000 8:00 am Secretary of State BI-COASTAL INDUSTRIES, INC. 04-21-2000 90147 010 ***150.00 Mailing Address Principal Place of Business P.O. BOX 20499 11901 4TH ST. N. ST. PETERSBURG FL 33742-0499 SUITE 720 ST. PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 54-1590377 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CUTRIGHT, STEPHEN D. Street Address (P.O. Box Number is Not Acceptable) 3211 WYOMING COURT TALLAHASSEE FL 32312 Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE NAME NAME NORRIS, DEWAINE T STREET ADDRESS STREET ADDRESS 11901 4TH ST. N. #720 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ~ - Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete name NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP """ CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.

NATURE: SIGNATURE AND TYPED OF PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description of Printed Rame of Signing Officer or Director Date

Date

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