

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90780 044 ***158.75

DOCUMENT # *FO 2972*

1. Entity Name

CONCH COIN COMPANY INC



DO NOT WRITE IN THIS SPACE

10036153

2. Principal Place of Business

1315 JOHNSON ST

3. Mailing Address

PO BOX 4075

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST FL

City & State

KEY WEST FL

4. FEI Number

59-2035526

Applied For

Not Applicable

Zip

33040 MONROE

Zip

33041 MONROE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Donna Knull

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

1315 JOHNSON ST

City

KEY WEST

FL

Zip Code

33040

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donna Knull

DONNA KNULL

3/8/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>President - Director</i>
NAME	<i>Donna G Knull</i>
STREET ADDRESS	<i>1315 JOHNSON ST</i>
CITY - ST - ZIP	<i>KEY WEST FL 33040</i>
TITLE	<i>V-Pres. - Director</i>
NAME	<i>J.R. ARMANTROUT</i>
STREET ADDRESS	<i>1315 JOHNSON ST</i>
CITY - ST - ZIP	<i>KEY WEST FL 33040</i>
TITLE	<i>Sect - Tres - Director</i>
NAME	<i>JOHN MURPHY</i>
STREET ADDRESS	<i>925 SEMINARY ST</i>
CITY - ST - ZIP	<i>KEY WEST FL 33040</i>
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Knull

Donna Knull 3-8-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)