

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90017 035 ***150.00

DOCUMENT # P97000025973

1. Entity Name
COFFIN ENTERPRISES, INC.

Principal Place of Business
**2878 S.W. 13TH COURT
 FT. LAUDERDALE FL 33312**

Mailing Address
**2878 S.W. 13TH COURT
 FT. LAUDERDALE FL 33312**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address *40 Bob Mahaney*
 Suite, Apt. #, etc. *FEDERAL HWY*
 City & State *Pompano Beach, FL*
 Zip *33064*
 Country *US*



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0744897**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
~~COFFIN, DONALD D
 2878 S.W. 13TH COURT
 FT. LAUDERDALE FL 33312~~

7. Name and Address of New Registered Agent
 Name *Bob Mahaney, CPA*
 Street Address (P.O. Box Number is Not Acceptable) *3801 N FEDERAL HWY*
 City *Pompano Beach* FL Zip Code *33064*

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]* *Bob Mahaney* DATE *7/7/00*

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	COFFIN, DONALD D
CITY-ST-ZIP	2878 S.W. 13TH COURT FT. LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* *COFFIN* DATE: *7/7/00* DAYTIME PHONE #: *954-792-1459*

CR2E034 (5/00)

Attachment
DH # 89700025973
DW 71529

COFFIN ENTERPRISES, INC
2878 SW 13 COURT
FT. LAUDERDALE, FL 33312

JULY 7, 2000

Division of corporations
PO Box 1500
Tallahassee, FL 32302

ENCLOSED IS THE ANNUAL REPORT FOR THE STATE OF FLA. We did not receive any other report. According to the instructions we received in a phone conversation with one of your representatives, we were to send a note of explanation with a check for \$150.00.

Thank you.

Very truly yours


Dean Coffin
President