

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0191004 AV

DOCUMENT # P97000025973

1. Entity Name
COFFIN ENTERPRISES, INC.



02-10-2003 90408 002 ***150.00

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

Mailing Address
~~4 BOB MAHONEY~~
~~3801 N FEDERAL HWY~~
~~POMPANO BEACH FL 33064~~

00000010

2. Principal Place of Business

3. Mailing Address
c/o ROBERT F. MAHONEY
7777 GLADES ROAD, P.A.



Suite, Apt. #, etc.

Suite, Apt. #, etc.
209

CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number 65-0744897
Applied For
 Not Applicable

Zip Country
33434 U.S.

Zip Country
33434 U.S.

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

6. Name and Address of Current Registered Agent

~~MAHONEY, BOB CPA~~
~~3801 N FEDERAL HWY~~
~~POMPANO BEACH FL 33064~~

7. Name and Address of New Registered Agent

None
ROBERT F. MAHONEY, P.A.
Street Address (P.O. Box Number is Not Acceptable)
7777 GLADES ROAD
SUITE 209
City BOCA RATON FL Zip Code 33434

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 *[Signature]* ROBERT F. MAHONEY P.A. DATE 1/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COFFIN, DONALD D	
STREET ADDRESS	2878 S.W. 13TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE *[Signature]* DATE 1/24/03 DAYTIME PHONE # 954-792-1459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)