

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90229 025 ***158.75

DOCUMENT # P97000082151

1. Entity Name
KIM COBURN, P.A.



Principal Place of Business
**1088 HOWELL CR
WINTER SPGS FL 32708
US**

Mailing Address
**1088 HOWELL CR
WINTER SPGS FL 32708
US**

2. Principal Place of Business

3. Mailing Address

1778 Seneca Blvd
Suite, Apt. #, etc.

1778 Seneca Blvd
Suite, Apt. #, etc.

City & State
Winter Springs

City & State
Winter Springs FL

Zip
32708 Country
USA

Zip
32708 Country
USA

4. FEI Number **59-3469860**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COBURN, DAVID R
1088 HOWELL CREEK DR
WINTER SPRINGS FL 32708**

1778 Seneca Blvd

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PT COBURN, DAVID R 1778 SENECA BLVD WINTER SPGS FL 32708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COBURN, KIM 1778 SENECA BLVD WINTER SPGS FL 32708	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R Coburn 3/30/03 407-365-1783

Date Daytime Phone #

CR2E034 (10/02)