

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90196 046 ***158.75

DOCUMENT # P98000060431 ✓
1. Entity Name Coe Solutions Inc
59-3525268

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14028 Ellesmere Drive
Suite, Apt. #, etc.

3. Mailing Address
14028 Ellesmere Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL
Zip
33624
Country
USA

City & State
TAMPA FL
Zip
33624
Country
USA

4. FEI Number 59 3525268
Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Michael P Petrizzo
Street Address (P.O. Box Number is Not Acceptable)
14028 Ellesmere Drive
City TAMPA FL Zip Code 33624

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 Michael P Petrizzo President
Signature, typed or printed name of registered agent and title if applicable.

March 8 / 02
DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Michael P Petrizzo</u> <u>14028 Ellesmere Drive</u> <u>TAMPA FL 33624</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Patricia A Petrizzo</u> <u>14028 Ellesmere Drive</u> <u>TAMPA FL 33624</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Patricia A Petrizzo</u> <u>14028 Ellesmere DR</u> <u>TAMPA FL 33624</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael P Petrizzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P Petrizzo President March 8 2002
Date 813 961 6109
Daytime Phone #

CR2E034B (12/01)