

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

FILED
04 JAN -5 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **228996**

1. Entity Name

Coven Construction Co.



DO NOT WRITE IN THIS SPACE

100023511781
11/06/03--01012--012 **200.00

REINSTATEMENT 03

2. Principal Place of Business

8711 Number Two Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 733
Suite, Apt. #, etc.

City & State
Howey, FL 34737

City & State
Tavares, FL 32778

4. FEI Number
59-0876592

Applied For
☐ Not Applicable

Zip Country
34737 -Lake

Zip Country
32778 -Lake

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

7. Name and Address of Current Registered Agent

Name
LOUISE COVEN
Street Address (P.O. Box Number Not Acceptable)
319 KENTUCKY ST.

City State Zip Code
TAVARES FL 32778

**DO NOT WRITE
IN THIS SPACE**

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:

Louise Coven

(NOTE: Registered Agent signature required when reinstating)

11-20-03
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	ST
NAME	Louise Coven
STREET ADDRESS	319 Kentucky St
CITY-STATE-ZIP	Tavares FL

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

100023511781
10/02/03--01043--020 **550.00

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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:

Louise Coven 9-29-03

Date

Daytime Phone #

CR2E034B (12/02)