

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

063453 AV

**DOCUMENT # 344357**

1. Entity Name

**C. & D. CONTRACTORS INC.**

04-15-2002 90070 004 \*\*\*150.00

Principal Place of Business  
**1860 NE AVENIDA DRACAENA**  
**JENSEN BEACH FL 34958**  
**US**

Mailing Address  
**POST OFFICE BOX 365**  
**JENSEN BEACH FL 34958**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1237423**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COY, ROBERT H**  
**1084 N.W. SPRUCE RIDGE DR.**  
**STUART FL 34994**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>COY, CAROLYN</b>	
STREET ADDRESS	<b>1084 NW SPRUCE RIDGE DR</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>COY, ROBERT H</b>	
STREET ADDRESS	<b>1084 NW SPRUCE RIDGE DR</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>COY, JOHN STEVEN</b>	
STREET ADDRESS	<b>1162 NE COY SENDA</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:** *Carolyn J. Coy* **CAROLYN J. COY** **2-5-02** **(561) 334-6166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)