2002	2 UNIFORM BUSI	NESS REPOR	RT (UBR)	- / $Aug vo, 2002 0.00 a$	m
	IMENT # 66057	4		Secretary of State	
1. Entity Nan	o Inc. of Florida			08-08-2002 90091 045 ***550.00	
113 00-OULF TREASUE LS		Mailing Address 11360 GULF BEVD TREASUE IS PL 33706		123856	
US 2. Principal F	Place of Business	US 3. Mailing Address			
51- Stuite, Apt	-lotth Ave	51 -107+1 Suite, Apt. #, etc.	h Hue	DO NOT WRITE IN THIS SPACE	
	sure is fi	Treasur	e Is F	4. FEI Number 59-2037953 Applied For Not Applica	
337		33706	Couptry 5	5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current F CONNECTION, INC. RGINIA ST.	legistered Agent	Name R.	7. Name and Address of New Registered Agent . Terrence Coyle- ass (P.O. Box Number is Not Accepted)a. Ste J	
STE. 1	SSEE FL 32301-1283	11			
	e named entity about this statement for tions of perstered agent.	the purpose of changing its re	gistered office or regist	EASURE 15 FL 333706 istered agent, or both, in the State of Florida. 1 am familiar with, and acce	
SIGNATURE	11.4		R. Terrer egistered Agent signature requi	NCE Coyle, President quired when reinstating) 7/304 /02	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. rria on back)	After September 13, 2 Make Check Payable		State Added to Pees	Э
11. TITLE	OFFICERS AND D	C Delete	12. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ion 🕅
NAME Street address City-st-zip	COYLE, R. TERRENCE 1 1360 GULF BLVD 151-10 TREASURE IS FL 33706	THAVE. Ste J.	NAME STREET ADDRESS CITY - ST - ZIP		GR2E034 (4/0
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U.P. COYLE, LAUREL A. ISI-107th AVE, E Treasure T-3	NN, Delete Swite J FI 33706	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗌 Change 🗌 Addit	ion B
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	🗌 Change 🗌 Additi	ion .
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>د</u>	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗌 Change 🦳 Additi	on
of the cor	t on this report or supplemental report is to rporation or the rective scrubber empore , or on an attachment with an address, w	true and accurate and that my : wered to execute this report as	signature shall have the required by Chapter 6	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or directo 607, Florida Statutes; and that my name appears is Block 11 or Block 12 - RENCE COVIC (32.7) SIDENT $7/30/02$ $367-6967$	e if

151 • 107th Avenue • Suite J • Treasure Island • Florida • 33706 Phone • 727-367-6967 Fax • 727-367-0438 August 3, 2002 FL GC • CG C058061

123856

GENERAL CONTRACTORS AND DEVELOPERS

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: CoyleCo Inc: We have received a duplicate 2002 UBR indicating non-payment of the first one, which was received, returned to you and paid by us. Why?

attachmeil

(0/00)

Division of Corporations:

The problem is as follows:

- Please find attached letter of March 18th, 2002 requesting insertion of FEI number into the initial UBR which was received by you in Jan, 2002. The insertion of the missing FEI number was completed by us and UBR was sent back to you by return mail. You will note letter indicates you received our \$150 check in January, 2002, which was cashed by our bank.
- 2. However, later in the year we amended our name to CoyleCo Inc. of Florida.
- li -
- 3. Capital Connection, Inc. facilitated our name revision for us for a fee, which we paid.
- 4. East month we received another UBR for the same but amended corporation name indicating non-payment and using old officers and old address of 2000?
- 5. I have enclosed a 2nd UBR for this year and <u>again</u> made changes as indicated. Please call me to discuss the enclosed check, which is a duplicate payment as we paid in January 2002!

Thank you,

CoyleCo Inc. of Florida

ann loge

Laurel Ann Coyle Vice President

Enclosures

WWW.COYLECO.COM

1. Entity Na	MENT # 66057	·4		Attachner 12,3856	\sim	
Principal Pla 113 30-OULF TREASUE (S US		Mailing Address 11360 <u>-GULF B</u> EVD TREASUE-IS-FL 33706 US			1011 0(81) 01011 01011	AKOIR DIARE 1001
2. Principal -	Place of Business -107th Ave	3. Mailing Address	th Ave			
Ste J		Suite, Apt. # etc.		DO NOT WRITE IN T	HIS SPACE	
Trea	SURE IS FI	Treasu	re Is F	-7 4. FEI Number 59-2037953		Applied For Not Applicable
337		33706	CouptryS	5. Certificate of Status Desired	\$8.75 Ac	ditional
	6. Name and Address of Current	Registered Agent	Name 🖉	7. Name and Address of New Register	ed Agent	
417 E. VI	CONNECTION, INC. RGINIA ST.		Street Addres	· lerrence Col = longeris Not Acceptable,	ste J	
ste. 1 Tallaha	SSEE FL 32301-1283	nA	Cibie	asure IS 1		
the obligat	a name of antity seconds this statement for tions of register agent. Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	R. Terres	stered agent, or both, in the State of Florida. I	am familiar with $SIDEW$	
Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After September 13 Make Check Payab	II FEE IS \$550.00 2002 Fee will be \$7 le to Department of S		\$5.0	DO May Be d to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I DP COYLE, R. TERRENCE 14360 GULF DLVD [5]-10 TREASURE IS FL 33706	THAVE SE J.	12. TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTOR	IS IN 11
TITLE NAME Street Address City-S1-Zip	U.P. Cayle, LAUREL A 151-107th Ave, E Treasure 7-3	NN. Delete Juite J FI 33706	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~	门 Change	Addition
IITLE JAME ITREET ADDRESS ITY-ST-ZIP		Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TLE Ame Ireet address Ity- St- Zip		Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP		Change	Addition
FY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
STREET ADDRESS STTY-ST-ZIP I3. I hereby ce indicated c of the corp changed, c	ertify that the information supplied with th on this report or supplemental report is to poration or the received or the erropow of on an attachment with an address, wi	nis filling does not gravify for t rue and accurate and that my rered to execute this report a th all other like propowered.	CITY-ST-ZIP he exemption stated in S signature shall have the s required by Chapter 61	Section 119.07(3)(i), Florida Statutes, I further of e same legal effect as if made under oath; that 7, Florida Statutes; and that my name appear ENCE COYIC DENT 7/.30/02	pertify that the in a m an officer s is Block 11 or	formation or directo Block 12



FLORIDA-DEPARTMENT OF STATE Katherine Harris Secretary of State

March 18, 2002

COYLECO, INC. 151 107TH AVE., SUITE J TREASURE ISLAND, FL 33706

Subject: COYLECO, INC.

Reference Number: **F01000005779**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/kj ANNUAL REPORTS SECTION