

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90462 005 ***150.00

DOCUMENT # 660574

1. Entity Name
COYLECO INC. OF FLORIDA



Principal Place of Business
**151-107TH AVE
STE J
TREASURE IS FL 33706
US**

Mailing Address
**151-107TH AVE
STE J
TREASURE IS FL 33706
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
159-107th AVE
Suite, Apt. #, etc.

3. Mailing Address
159-107th AVE
Suite, Apt. #, etc.

City, State
TREASURE IS, FL
Zip
33706
Country
United States

City, State
TREASURE IS, FL
Zip
33706
Country
United States

4. FEI Number **59-2037953**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COYLE, TERRENCE R
151-107TH AVE
STE J
TREASURE IS FL 33706**
159-107th AVENUE

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	DP COYLE, R. TERRENCE 151-107TH AVE STE J TREASURE IS FL 33706 159-107th AVENUE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COYLE, LAUREL A 151-107TH AVE SUITE J TREASURE IS FL 33706 159-107th AVENUE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **TERRENCE R. COYLE** **1/17/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)