

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

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1. Entity Name

COYNE INTERNATIONAL ENTERPRISES CORP.



Principal Place of Business

**712 LAKE MIRROR DR.
LAKELAND FL 33801**

Mailing Address

**140 CORTLAND AV.
PO BOX 4854
SYRACUSE NY 13221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-6040758

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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	CEOP	<input type="checkbox"/> Delete
NAME	COYNE, THOMAS M	
STREET ADDRESS	140 CORTLAND AVENUE	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE	AT	<input type="checkbox"/> Delete
NAME	RYAN, RAYMOND T	
STREET ADDRESS	140 CORTLAND AVENUE	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWLEY, THOMAS C	
STREET ADDRESS	18 CORPORATE WOODS BLVD 4TH FL	
CITY-ST-ZIP	ALBANY NY 12211	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRBEDINSKY, ALEXANDER	
STREET ADDRESS	140 CORTLAND AVE	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRETT, J. PATRICK	
STREET ADDRESS	4605 WATERGAP	
CITY-ST-ZIP	MANLIUS NY 13104	
TITLE	VP	<input type="checkbox"/> Delete
NAME	O'CONNOR, ANTHONY F	
STREET ADDRESS	655 AMBOY AVE B WING 2ND FL	
CITY-ST-ZIP	WOODBIDGE NJ 07095	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP of Finance C.F.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen M. Owen	
STREET ADDRESS	140 Cortland Ave	
CITY-ST-ZIP	Syracuse NY 13221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)