

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90050 002 ***158.75

DOCUMENT # F98000006416

1. Entity Name
COINUCOPIA, INC.



Principal Place of Business
**9858 GLADES ROAD
SUITE 103
BOCA RATON FL 33434-3983**

Mailing Address
**9858 GLADES ROAD
SUITE 103
BOCA RATON FL 33434-3983**

2. Principal Place of Business
878 CLOVERLEAF BLVD
Suite, Apt. #, etc.

3. Mailing Address
878 CLOVERLEAF BLVD
Suite, Apt. #, etc.

City & State
DELTONA FL
Zip
32725

City & State
DELTONA FL
Zip
32725

4. FEI Number
95-4644134

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

**CERULLO, LOUIS J
9718A BOCA GARDENS CIR. N.
BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
878 CLOVERLEAF BLVD
City **DELTONA** **FL** Zip Code **32725**

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 **Louis Cerullo**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/14/02**

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 **PC**
STREET ADDRESS **CERULLO, CAMILLE**
CITY-ST-ZIP **9030 HARRATT STREET #23
WEST HOLLYWOOD CA 90069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **S**
STREET ADDRESS **CERULLO, LOUIS J**
CITY-ST-ZIP **9718A BOCA GARDENS CIR N.
BOCA RATON FL 33496**

TITLE
NAME
STREET ADDRESS **878 CLOVERLEAF BLVD**
CITY-ST-ZIP **DELTONA, FL 32725** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **Louis Cerullo** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/14/02** Daytime Phone # **813-602-9119**

CR2E034 (10/02)