

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90047 042 ***150.00

DOCUMENT # **G08219 ✓**
1. Entity Name
MARTIN L. COYNE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8812 TWIN LAKE DRIVE Suite, Apt. #, etc.		3. Mailing Address 8812 TWIN LAKE DRIVE Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33496	Country USA	Zip 33496	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2250267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name COYNE, MARTIN L.
Street Address (P.O. Box Number is Not Acceptable) 8812 TWIN LAKE DRIVE
City BOCA RATON FL Zip Code 33496

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. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP PD COYNE, MARTIN L. 8812 TWIN LAKE DRIVE BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY - ST - ZIP ST D COYNE, DEBORAH P. 8812 TWIN LAKE DRIVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP AS ATTEBURY, WILLIAM W., III 321 ROYAL POINCIANA WAY PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARTIN L. COYNE** **4-19-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034B (12/01)