

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

DOCUMENT # G46561

1. Entity Name

LAYBOURNE - COONEY, INC.

FILED

02 APR 16 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5475 LAKE WORTH RD

3. Mailing Address

926 PASEO ANDORRA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

City & State

WEST PALM BEACH, FL

4. FEI Number

59-2310476

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

33405

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

COONEY, BERNARD

Street Address (P.O. Box Number is Not Acceptable)

926 PASEO ANDORRA

City

WEST PALM BEACH, FL

Zip Code

33405

**DO NOT WRITE  
IN THIS SPACE**

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:

Bernard Cooney

(NOTE: Registered Agent signature required when reinstating)

DATE

28th MARCH 02

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 PD  
NAME COONEY, BERNARD  
STREET ADDRESS 926 PASEO ANDORRA  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100005449501--4  
-05/03/02--01036--019  
\*\*\*\*300.00 \*\*\*\*300.00

TITLE STD  
NAME COONEY, SANDRA  
STREET ADDRESS 926 PASEO ANDORRA  
CITY-ST-ZIP WEST PALM BEACH FL

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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)(f), 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:

Bernard Cooney BERNARD COONEY

28th MARCH 02

561 965 2106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #