

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12164

1. Entity Name  
THREE COINS, INC.FILED  
Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90050 021 \*\*\*150.00

Principal Place of Business 2701 N E 10TH ST UNIT 405 OCALA FL 34470 US	Mailing Address 2701 N E 10TH STREET IMOT 405 OCALA FL 34470
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------



DO NOT WRITE IN THIS SPACE

City & State	City & State
--------------	--------------

4. FEI Number 59-2425742	Applied For Not Applicable
-----------------------------	-------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	-----------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
---	--	---	--

BARNETTE, JAMES L. 2701 N E 10TH STREET OCALA FL 34470		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

7. Name and Address of New Registered Agent	
---	--

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)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State
---	--------------------------	--

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--------------------------	--------------------------------

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNETTE, JAMES L. 2701 N E 10TH STREET OCALA FL 34470	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETTE, HOLLY L 6732 DONALD AVE TAMPA FL 33614	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.		
---	--	--

SIGNATURE: 		
---	--	--

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)