

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90114 047 ***150.00

DOCUMENT # J17743

1. Entity Name
BARBARA L. COATS, INC.

Principal Place of Business

7175 NOVA DR STE 204
 DAVIE FL 33317
 US

Mailing Address

790 E BROWARD BLVD
 STE 400
 FT LAUDERDALE FL 33301-2076
 US

2. Principal Place of Business

3. Mailing Address

7175 NOVA DR. #204

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 DAVIE, FL

4. FEI Number **59-2647019**

Applied For
 Not Applicable

Zip

Country

Zip
 33317

Country
 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COATS, BARBARA L.
 7175 NOVA DR STE 204
 DAVIE FL 33317

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	COATS, BARBARA L.	790 E BROWARD BLVD	7175 NOVA DR. #204	<input type="checkbox"/>						
		FT LAUDERDALE FL	DAVIE, FL 33317	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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:

Barbara L. Coats, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000

Date

954-463-0100

Daytime Phone #