

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90214 046 ***150.00

DOCUMENT # **J91130**

1. Entity Name
COEN INSURANCE AGENCY, INC



Principal Place of Business

~~204 FARRINGTON LANE~~
~~KISSIMMEE FL 34744~~

8662 BRACKENWOOD DRIVE
ORLANDO, FL. 32829

Mailing Address

~~204 FARRINGTON LANE~~
~~KISSIMMEE FL 34744~~

8662 BRACKENWOOD DRIVE
ORLANDO, FL. 32829

2. Principal Place of Business

8662 BRACKENWOOD DRIVE
Suite, Apt. #, etc.

3. Mailing Address

8662 BRACKENWOOD DRIVE
Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

4. FEI Number

59-2837397

Applied For

Not Applicable

Zip

32829

Country

ORANGE

Zip

32829

Country

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COEN, JACK
8662 BRACKENWOOD DR.
ORLANDO FL 32829

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jack Coen
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03
5/14/2003

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	COEN, JACK	
STREET ADDRESS	8662 BRACKENWOOD DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COEN, JACK	
STREET ADDRESS	8662 BRACKENWOOD DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COEN, SHIRLEY	
STREET ADDRESS	8662 BRACKENWOOD DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAKEWELL, CHRISTINE	
STREET ADDRESS	1200 GELWOOD AVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Jack Coen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/03
5/14/2003 **4073801996**

CR2E034 (10/02)