

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91835 010 ***150.00

DOCUMENT # L61084

1. Entity Name
COINAIR, INC.



Principal Place of Business
**7255 CHESTERHILL CIRCLE
MOUNT DORA FL 32757
US**

Mailing Address
**7255 CHESTERHILL CIRCLE
MOUNT DORA FL 32757
US**

2. Principal Place of Business

3. Mailing Address

36720 Nashua Blvd.

36720 Nashua Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sorrento FL

City & State

Sorrento, FL

Zip

32776

Country

Zip

32776

Country

4. FEI Number

59-3009462

Applied For

Not Applicable

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

RUE, DAN S.

7255 CHESTERHILL CIRCLE

MOUNT DORA FL 32757

Name

Rue, Dan S.

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

36720 Nashua Blvd.

City

Sorrento

FL

Zip Code

32776

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUE, DAN S.
7255 CHESTERHILL CIRCLE
MOUNT DORA FL

☐ Delete

TITLE
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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:

SIGNATURE REQUIRED

Dan S. Rue 4/28/03

Date

(352) 351-5050

Daytime Phone #

CR2E034 (10/02)