

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96137

1. Entity Name

JAVAHEAD ENTERPRISES, INC.

Principal Place of Business

9069 SE BRIDGE RD  
STE E  
HOBE SOUND FL 33455  
US

Mailing Address

8255 SE GOVERNORS WAY  
HOBE SOUND FL 33455  
US

2. Principal Place of Business

8255 SE GOVERNOR'S WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1152

Suite, Apt. #, etc.

City & State

HOBE SOUND FL

City & State

HOBE SOUND FL

Zip

33455

Country

USA

Zip

33475-1152

Country

USA

6. Name and Address of Current Registered Agent

COFFEY, JAMES  
8255 SE GOVERNORS WAY  
HOBE SOUND FL 33455

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.

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, 2001 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

TITLE DPT  
NAME COFFEY, JAMES  
STREET ADDRESS 8255 SE GOVERNORS WAY  
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE VS  
NAME COFFEY, MARGARET G.  
STREET ADDRESS 8255 SE GOVERNORS WAY  
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

JAMES COFFEY Director

1-8-01

561-545-7611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 22, 2001 8:00 am  
Secretary of State

03-22-2001 90036 036 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)