

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90829 016 ***150.00

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DOCUMENT # M18138

1. Entity Name
FLOYD COXE INC.



Principal Place of Business
**13615 S DIXIE HWY
SUITE #114-519
MIAMI FL 33176
US**

Mailing Address
**C/O STAHL & ASSOCIATES
138 N. SWINTON AVE
DELRAY BEACH FL 33444
US**



2. Principal Place of Business

3. Mailing Address

90 FLOYD COXE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13615 S DIXIE HWY #114-519

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIAMI, FL

4. FEI Number

59-2552183

Applied For

Not Applicable

Zip

Country

Zip

Country

33176

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

**COXE, FLOYD
13615 S DIXIE HWY
SUITE #114-519
MIAMI FL 33176**

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 _____
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	PTD	<input type="checkbox"/> Delete
NAME	COXE, FLOYD	
STREET ADDRESS	13615 S DIXIE HWY, STE #114-519	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **FLOYD COXE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-03 786-390-7487
Date Daytime Phone #

CR2E034 (10/02)