

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90228 020 ***150.00

DOCUMENT # M21582

1. Entity Name
COIN OP SERVICES, INC.



Principal Place of Business
**134 SW 126TH AVENUE
PLANTATION FL 33325
US**

Mailing Address
**134 SW 126TH AVENUE
PLANTATION FL 33325
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2584401

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

**BUSH, THEODORE T.
13730 STATE RD 84, 332
DAVE FL 33325**

Name **JANET S. GILL BUSH**
Street Address (P.O. Box Number is Not Acceptable)
134 S.W. 126 Avenue
City **Plantation** FL Zip Code **33325**

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]*
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	BUSH, THEODORE T.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	134 SW 126TH AVENUE	STREET ADDRESS	BUSH JANET S. GILL BUSH
CITY-ST-ZIP	PLANTATION FL	CITY-ST-ZIP	134 S.W. 126 Avenue
TITLE	AD	PD	BUSH JANET S. GILL BUSH
NAME	BUSH JANET S. GILL BUSH	STREET ADDRESS	134 S.W. 126 Avenue
STREET ADDRESS	134 S.W. 126 AVE	CITY-ST-ZIP	PLANTATION, FL 33325
CITY-ST-ZIP	PLANTATION, FL 33325	TITLE	
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)