

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90162 016 ***450.00

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DOCUMENT # P00000022007

1. Entity Name
COFFEY BROTHERS, INC.



Principal Place of Business
C/O ALLAN B. COFFEY
173 S E SOLAZ AVENUE
PORT ST LUCIE FL 34983

Mailing Address
C/O ALLAN B. COFFEY
173 S E SOLAZ AVENUE
PORT ST LUCIE FL 34983



2. Principal Place of Business

816 SW LAKEHURST DR

3. Mailing Address

816 SW LAKEHURST DR

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

PORT ST LUCIE FL

City & State

PORT ST LUCIE FL

Zip

34983

Country

USA

Zip

34983

Country

USA

4. FEI Number

65-0981607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COFFEY, ALLAN
C/O THE TAX SHOPPE
1982 DEMONICO AVE
PORT ST LUCIE FL 34983

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

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

(NOTE: Registered Agent signature required when reinstating)

5/1/03

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

TITLE P
NAME COFFEY, ALLAN
STREET ADDRESS 1982 DELMONICO AVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

☐ Delete

TITLE VP
NAME COFFEY, MICHAEL
STREET ADDRESS 171 CASTANA COURT
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

☐ Delete

TITLE ST
NAME COFFEY, RICHARD G
STREET ADDRESS 171 CASTANA COURT
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

ALLAN COFFEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

DATE

772-879-7800

Daytime Phone #

CR2E034 (10/02)