

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90657 017 ***150.00

0126660 AV

DOCUMENT # P00000053734

1. Entity Name

MARKET RITE, INC.

Principal Place of Business

**2050 PINE CREEK BLVD. #205
 VERO BEACH FL 32960**

Mailing Address

**2050 PINE CREEK BLVD. #205
 VERO BEACH FL 32960**

2. Principal Place of Business

2050 Pine Creek Blvd.

3. Mailing Address

2050 Pine Creek Blvd.

Suite, Apt. #, etc.

#205

Suite, Apt. #, etc.

#205

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32966

Country

USA

Zip

32966

Country

USA

4. FEI Number

59-3660673

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



~~Name and Address of Current Registered Agent~~

7. Name and Address of New Registered Agent

COAKLEY, JOSEPH E

2050 PINE CREEK BLVD. #205

VERO BEACH FL 32960

Name

COAKLEY, Joseph E.

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

2050 Pine Creek Blvd. #205

City

Vero Beach, FL

FL

Zip Code

32966

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	COAKLEY, JOSEPH E	
STREET ADDRESS	2050 PINE CREEK BLVD. #205	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input type="checkbox"/> Delete
NAME	COAKLEY, JUDITH	
STREET ADDRESS	2050 PINE CREEK BLVD. #205	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Joseph E Coakley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E Coakley

Date

3/23/02

Daytime Phone #

772-794-0327

CR2E034 (9/01)