2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am § Secretary of State P01000009846 **DOCUMENT #** 1. Entity Name THE COY GROUP, INC. 05-13-2002 90084 004 ***150.00 Principal Place of Business Mailing Address 567 KENSINGTON LAKE CIR 567 KENSINGTON LAKE CIR BRANDON FL 33511-3886 BRANDON FL 33511-3886 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3693677 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAKEMAN, WILLIAM H III Street Address (P.O. Box Number is Not Acceptable) 306 E MAIN ST STE 200 LAKELAND FL 33801 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CURRIE, STEPHEN J NAME 567 KENSINGTON LAKE CIR STREET ADDRESS STREET ADDRESS BRANDON FL 33511-3886 CITY-ST-7IP CITY-ST-ZIP TITLE VD. ☐ Delete Change ☐ Addition JUNGE, ALBERT NAME NAME 26 CARDINAL LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HAUPPAUG NY 11788** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DAVEY, CHRISTIE NAME STREET ADDRESS 229 OLD BRIDGE LN STREET ADDRESS CITY-ST-7IP DANBURY CT 06811 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WAKEMAN, WILLIAM H III NAME NAME STREET ADDRESS 1208 LAKE DEESON WOODS LN STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33805 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME

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 trusted empoyer at 150 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

HP LaserJet 3100 Printer/Fax/Copier/Scanner

SEND CONFIRMATION REPORT for

863 688 8399 Apr-29-02 2:40PM

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