

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90669 039 \*\*\*150.00

**DOCUMENT #** P010000041846 ✓

**1. Entity Name**

Coker's Cleaning, Inc.

**DO NOT WRITE IN THIS SPACE**

B0064748

**2. Principal Place of Business**

5792 N.W. Scout Ave.

Suite, Apt. #, etc.

**3. Mailing Address**

5792 N.W. Scout Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Arcadia, FL

**City & State**

Arcadia, FL

**4. FEI Number**

65-1096604

**Applied For**

☐ Not Applicable

**Zip**  
34266

**Country**

Desoto

**Zip**  
34266

**Country**

Desoto

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Melanie Coker

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

5792 NW Scout Ave.

**City**

Arcadia

**FL**

**Zip Code**

34266

**DO NOT WRITE  
IN THIS SPACE**

**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**

Melanie Coker

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

Secretary / Treasurer

(NOTE: Registered Agent signature required when reinstating)

3-21-02

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)** ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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**

<b>TITLE</b>	<u>President</u>
<b>NAME</b>	<u>Jason H. Coker</u>
<b>STREET ADDRESS</b>	<u>5792 NW Scout Ave.</u>
<b>CITY - ST - ZIP</b>	<u>Arcadia, FL 34266</u>
<b>TITLE</b>	<u>Vice President</u>
<b>NAME</b>	<u>Wayne A. Coker</u>
<b>STREET ADDRESS</b>	<u>5865 NW Pete Coker's Landing</u>
<b>CITY - ST - ZIP</b>	<u>Arcadia, FL 34266</u>
<b>TITLE</b>	<u>Secretary / Treasurer</u>
<b>NAME</b>	<u>Melanie Coker</u>
<b>STREET ADDRESS</b>	<u>5792 NW Scout Ave.</u>
<b>CITY - ST - ZIP</b>	<u>Arcadia, FL 34266</u>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Melanie Coker

Melanie Coker

3-21-02

863-990-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)