

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-04-2003 90157 041 ***150.00

DOCUMENT # P02000019458

1. Entity Name
COYSECON, INC.



Principal Place of Business
**600 W STATE RD 434
LONGWOOD FL 32750**

Mailing Address
**4710 LONSDALE CIRCLE
ORLANDO FL 32817**

2. Principal Place of Business
600 W. STATE RD 434
Suite, Apt. #, etc.

3. Mailing Address
600 W. STATE RD. 434
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

4. EEI Number
03-0389983

Applied For
☐ Not Applicable

Zip
32750

Country
USA

Zip
32750

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZURITA, VINICIO
4710 LONSDALE CIRCLE
ORLANDO FL 32817**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/03

**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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
NAME **VINICIO ZURITA**
STREET ADDRESS **4710 LONSDALE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/03

CR2E034 (10/02)