## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P02000120384 **DOCUMENT #**

1. Entity Name

COYOTE CHARTERS, INC.



## **FILED** Mar 28, 2003 8:00 am Secretary of State 03-28-2003 90101 037 \*\*\*150.00

Principal Place of Business 301 BOCA CIEGA OR MADERA BEACH FL 33708    Suito, Apt. #, etc.	•						GOO WE THE	}					
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired  8.75 Additional Fee Required  Fee Required  7. Name and Address of New Registered Agent  Name  HENKEL, GARY D  120 10TH AVENUE  INDIAN ROCKS BEACH FL 33708  City  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  Signatum, typed or printed nerve of registered agent end title is applicable.  (NOTE Registered Agent signature required when reintaitating)  DATE  STREE NOW!!! FEE: IS \$150,00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  SIRELADDRESS  OTT-ST-Zip  TITLE  Prices dant  Delete  TITLE  NAME  SIRELADDRESS  SIRELADDRESS  OTT-ST-Zip  Delete  TITLE  NAME  SIRELADDRESS  SIRELADD	301 BOCA CI	ega dr	3	301 BO	CA CIEGA_DR	<del></del> -			post of the second seco		<del>-</del> 2- 4		. :_
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired  8.75 Additional Fee Required  Fee Required  7. Name and Address of New Registered Agent  Name  HENKEL, GARY D  120 10TH AVENUE  INDIAN ROCKS BEACH FL 33708  City  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  Signatum, typed or printed nerve of registered agent end title is applicable.  (NOTE Registered Agent signature required when reintaitating)  DATE  STREE NOW!!! FEE: IS \$150,00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  SIRELADDRESS  OTT-ST-Zip  TITLE  Prices dant  Delete  TITLE  NAME  SIRELADDRESS  SIRELADDRESS  OTT-ST-Zip  Delete  TITLE  NAME  SIRELADDRESS  SIRELADD													
City & State  Country  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  HENKEL, GARY D  120 10TH AVENUE INDIAN ROCKS BEACH FL 33708  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 prized name of registered agent end tice & applicable.  INDIAN ROCKS PEACH FL 33708  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 prized name of registered agent end tice & applicable.  INDIAN ROCKS Pages in the state of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or prized name of registered agent end tice & applicable.  INDIAN ROCKS Pages in the state of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or prized name of registered agent end tice & applicable.  INDIAN ROCKS Pages in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature, typed or prized name of registered agent.  S	2. Principal I	Place of Busin	ess	3. Maili	3. Mailing Address				‡ { <b>                                     </b>			<b>  1</b>     1    1    1    1    1    1	
Not Applicable   Status Desired   \$8.75 Additional   Fee Required   \$8.75 Additional   Fee Required   Street Address of New Registered Agent   Name	Suite, Apt	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Signature, hypera or printed name of registered agent   Signature, hypera or printed name of registered agent and title if applicable.   (NOTE Registered Agent algorithms of registered agent   Signature, hypera or printed name of registered agent and title if applicable.   (NOTE Registered Agent algorithms or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are different elements agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature, hypera or printed name of registered agent and title if applicable.   (NOTE Registered Agent algorithms or required when reinstating)   DATE    """ Signature, hypera or printed name of registered agent and title if applicable.   (NOTE Registered Agent algorithms or required when reinstating)    """ Signature, hypera or printed name of registered agent and title if applicable.   (NOTE Registered Agent agent, or both, in the State of Florida. I am familiar with, and accept agent are differed agent.    """ Signature, hypera or printed name of registered agent and title if applicable.   (NOTE Registered Agent agent, or both, in the State of Florida. I am familiar with, and accept agent.    """ Signature, hypera or printed name of registered agent.   (NOTE Registered Agent agent, or both, in the State of Florida. I am familiar with, and accept agent.    "	City & Sta	ite		City &	& State	,	<del> </del>	<b>4</b> . F	El Number			<del></del>	]
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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. 727- 647-0282