

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000098491

1. Entity Name
UNIVERSITY COINS, INC.



Principal Place of Business

3500 SW 19TH AVENUE
APT. 134
GAINESVILLE, FL 32614

Mailing Address

POST OFFICE BOX 2721
LUTZ, FL 33548

2. Principal Place of Business - No P.O. Box #

12436 BERKELEY SQUARE DR.

3. Mailing Address

P.O. Box 270127

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09252008

Chg-P

CR2E034 (12/06)

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

06-1787253

Applied For

Not Applicable

Zip

33626

Country

Zip

33688-0727

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAITA, COREY

3500 SW 19TH AVENUE
APT. 134

GAINESVILLE, FL 32614

Name

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

12436 BERKELEY SQUARE DRIVE

City TAMPA

FL

Zip Code 33626

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

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME YAFFE, MICHAEL
STREET ADDRESS 16310 MILLAN DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE ☐ Change ☐ Addition
NAME **700136891807**
STREET ADDRESS **10/14/08--01005--006 **150.00**
CITY-ST-ZIP

TITLE S ☐ Delete
NAME YAFFE, JOSEPH
STREET ADDRESS 16310 MILLAN DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

9/29/08 (352) 653-3009 x 701

Date

Daytime Phone #

FILED

08 OCT 10 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



KS