

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000088038**1. Entity Name  
COFIS, INC.

Principal Place of Business	Mailing Address
430 NE 4 STREET	P.O. BOX 2694
HIGH SPRINGS FL 32643 US	HIGH SPRINGS FL 32643 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	430 NE 4 STREET
City & State	City & State
HIGH SPRINGS FL	HIGH SPRINGS FL

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3214236	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

**6. Name and Address of Current Registered Agent**DEPETER THOMAS G  
385 WEST CENTRAL AVE.NEWBERRY FL  
32669 US**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.

SIGNATURE \_\_\_\_\_ DATE **04/17/2001**  
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 Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SUGGS WILLIAM JIII	
STREET ADDRESS	P.O. BOX 558 N/A	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	VINAR GRIGORI A	
STREET ADDRESS	P.O. BOX 2694 (N/A)	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINAR GRIGORI A	
STREET ADDRESS	430 NE 4 STREET (N/A)	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** VINAR GRIGORI A.

P/D 04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)