

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90031 023 ***158.75

DOCUMENT # P94000093125

1. Entity Name
COON ASSOCIATES, INC.

Principal Place of Business

**671 HECKMAN CIRCLE
 SANFORD FL 32771**

Mailing Address

**4631 S ATLANTIC AVENUE
 #8206
 PONCE INLET FL 32127**

2. Principal Place of Business

671 Hickman Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3289256**

Applied For

Not Applicable

Zip

Country

Zip

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

**COON, DOUGLAS
 4631 S ATLANTIC AVENUE
 PONCE INLET FL 32127**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **COON, DOUGLAS**
 STREET ADDRESS **4631 S ATLANTIC AVENUE # 8206**
 CITY-ST-ZIP **PONCE INLET FL 32127**

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

TITLE **STD** ☐ Delete
 NAME **COON, JACQUELINE**
 STREET ADDRESS **4631 S ATLANTIC AVENUE**
 CITY-ST-ZIP **PONCE INLET FL 32127**

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

TITLE **D** ☐ Delete
 NAME **COON, JEFFREY**
 STREET ADDRESS **1041 PINE SHADOW DR.**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **2801 Belkton Ct**
 CITY-ST-ZIP **Deltona, FL 32738**

TITLE **D** ☐ Delete
 NAME **COON, KEVIN**
 STREET ADDRESS **1410 FLORAL WAY**
 CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jacqueline M. Nelson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02

Date

386-763-9143

Daytime Phone #

CR2E034 (9/01)