

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90159 008 ***150.00

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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

3. Mailing Address

P.O. Box 568

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Monticello

City & State

City & State

FL

Zip

Country

Zip

Country

32344

4. FEI Number

59-3289256

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COON, DOUGLAS
4631 S ATLANTIC AVENUE
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

Name

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

75 W Bear Hollow Rd

City

Greenville

FL

Zip Code

32331

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

After May 1, 2003. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME 75 W Bear Hollow Rd
STREET ADDRESS Greenville, FL 32331
CITY-ST-ZIP

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

TITLE
NAME 75 W Bear Hollow Rd
STREET ADDRESS Greenville, FL 32331
CITY-ST-ZIP

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

TITLE
NAME 2801 Belkton Ct
STREET ADDRESS Deltona, FL 32738
CITY-ST-ZIP

TITLE D
NAME COON, KEVIN
STREET ADDRESS 2801 BELKTON CT
CITY-ST-ZIP DELTONA FL 32738

TITLE
NAME 1410 Floral Way
STREET ADDRESS Apopka, FL 32703
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jacqueline Coon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

Date

850-997-1369

Daytime Phone #

CR2E034 (10/02)