

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90027 027 ***150.00

DOCUMENT # P95000000704

1. Entity Name

JOSEPH C. COATES, III, P.A.

Principal Place of Business

Mailing Address

1900 PHILLIPS POINT WEST
 777 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401-6198

1900 PHILLIPS POINT WEST
 777 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401-6161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2701 Embassy Dr.

2701 Embassy Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 WPB FL

City & State
 WPB, FL

4. FEI Number 65-0547296

Applied For
 Not Applicable

Zip
 33401

Country
 USA

Zip
 33401

Country
 USA

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

COATES, JOSEPH C III
 1900 PHILLIPS POINT WEST
 777 SOUTH FLAGLER DRIVE
 WEST PALM BEACH FL 33401-6198

Name Coates, Joseph C III
 Street Address (P.O. Box Number is Not Acceptable)
 2701 Embassy Dr.
 City WPB FL Zip Code 33401

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 *Joseph C. Coates, III*

25 April 2000

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, 2000 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 D
 NAME COATES, JOSEPH C III
 STREET ADDRESS 1900 PHILLIPS POINT WEST
 CITY-ST-ZIP WEST PALM BEACH FL 33401-6198 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2701 Embassy Dr.
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 April 2000

Date

561-650-7903

Daytime Phone #