

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028563

1. Entity Name

CARPENTRY BY COATES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90079 048 ***150.00

Principal Place of Business

13392 TWIN LAKE AVE
SPRING HILL FL 34609

Mailing Address

13392 TWIN LAKE AVE
SPRING HILL FL 32643-1821

2. Principal Place of Business

505 N.W. 21st Street
Suite, Apt. #, etc.

3. Mailing Address

505 N.W. 21st Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

High Springs, FL
Zip 32643 Country Alachua

City & State

High Springs, FL
Zip 32643 Country Alachua

4. FEI Number

65-0624958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COATES, MICHAEL D
13392 TWIN LAKE AVE
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name: COATES, Michael D.
Street Address (P.O. Box Number is Not Acceptable)
505 N.W. 21st Street
City High Springs FL Zip Code 32643

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] 4-29-2000 PRESIDENT

(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

TITLE P ☐ Delete
NAME COATES, MICHAEL D
STREET ADDRESS 13392 TWIN LAKE AVE
CITY-ST-ZIP SPRING HILL FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Change ☐ Addition
NAME coats, Michael D
STREET ADDRESS 505 NW 21st Street
CITY-ST-ZIP High Springs, FL 32643

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

TITLE ☐ Change ☐ Addition
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 a similar like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-904-454-2820
4-29-2000