

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91893 015 \*\*\*150.00

0414947 AV

**DOCUMENT # P95000045629**

1. Entity Name

**BUSINESS COORDINATING ENTERPRISES, INC.**



Principal Place of Business

**631 LINNET CIRCLE  
DELRAY BEACH FL 33444  
US**

Mailing Address

**631 LINNET CIRCLE  
DELRAY BEACH FL 33444  
US**

2. Principal Place of Business

**200 Lindell Blvd.**

3. Mailing Address

**200 Lindell Blvd.**

Suite, Apt. #, etc.

**SUITE 918**

Suite, Apt. #, etc.

**SUITE 918**

City & State

**Delray Beach, FL**

City & State

**Delray Beach, FL**

Zip

**33483**

Country

**US**

Zip

**33483**

Country

**US**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0589173**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, JAYNE M**

**631 LINNET CIRCLE**

**DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

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

**200 Lindell Blvd.**

**Suite 918**

**Delray Beach**

**FL**

Zip Code

**33483**

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

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, JAYNE M</b>	
STREET ADDRESS	<b>631 LINNET CIRCLE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33444</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SIGONA, DINEEN</b>	
STREET ADDRESS	<b>631 LINNET CIRCLE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33444</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE OF SQUIRE JAYNE M. STEWART**

**4-14-03**

Date

**561-243-3715**

Daytime Phone #

CR2E034 (10/02)