

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90081 009 ***150.00

DOCUMENT # P95000097249**1. Entity Name**
COCO PRODUCTS, INC.**Principal Place of Business****4772 HAMILTON BRIDGE RD**
PACE FL 32571
US**Mailing Address****P.O. BOX 1021**
PACE FL 32571
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3333333

Applied For

Not Applicable

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****SCHULENBERG, KAREN A**
3231 WOODWIND PLACE
PENSACOLA FL 32504

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, 2001 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	S	<input type="checkbox"/> Delete
NAME	SCHULENBERG, KAREN A	
STREET ADDRESS	3231 WOODWIND PLACE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILSON, NANCY	
STREET ADDRESS	5017 PONITZ PKWY	
CITY-ST-ZIP	PACE FL 32571	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, L S	
STREET ADDRESS	5017 PONITS PKWY	
CITY-ST-ZIP	MILTON FL 32571	
TITLE		<input type="checkbox"/> Delete
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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:** Nancy Wilson **NANCY WILSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

850 994 1125

Daytime Phone #

CR2E034 (10/00)