2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000048110 1. Entity Name COAN, INC.

FILED Apr 11, 2001 8:00 am Secretary of State 04-11-2001 90028 024 ***150.00

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S. Certain and Address of Current Registered Agent ROMOSER, CONNIE 6601 SOUTHWELL DRIVE BROOKSHIRE FT MYERS FL 33912 8. The above named entity sucmits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florada. SIGNATURE Signature, typed or press name of registered open and that visipicable 9. This corporation is eligible to satisfy its managible rate Mark May 1, 2001 Fee will be \$550.00 May Recheck Payable to Department of State PROMOSER, CONNIE 8 ROMOSER, CONNIE 9 This Corporation is eligible to satisfy its managible rate May 1, 2001 Fee will be \$550.00 May Recheck Payable to Department of State PROMOSER, CONNIE 9 This Corporation is eligible to satisfy its managible rate May 1, 2001 Fee will be \$550.00 May Recheck Payable to Department of State PROMOSER, CONNIE 9 This Corporation is eligible to satisfy its managible rate May 1, 2001 Fee will be \$550.00 May Recheck Payable to Department of State PROMOSER, CONNIE 9 This Corporation is eligible to satisfy its managible rate May 1, 2001 Fee will be \$550.00 May Recheck Payable to Department of State PROMOSER, CONNIE 9 This Corporation is eligible to satisfy its managible rate May 1, 2001 Fee will be \$550.00 May Recheck Payable to Department of State PROMOSER, CONNIE 9 This Corporation is eligible to satisfy its managible rate May 1, 2001 Fee will be \$550.00 May Recheck Payable to Department of State PROMOSER, CONNIE 9 This Corporation is eligible to satisfy its managible rate May 1, 2001 Fee will be \$550.00 May Recheck Payable to Department of State PROMOSER, CONNIE 9 This Corporation is eligible to satisfy its managible rate May 1, 2001 Fee will be \$550.00 May Recheck Payable to Department of State PROMOSER, CONNIE 9 This Corporation is eligible to satisfy its managible rate May 1, 2001 Fee will be \$550.00 May Recheck Payable to Department of State PROMOSER, CONNIE 9 This Corporation is eligible to satisfy its managible rate May 1, 2001 Fee will be \$50.00 May Recheck Payable to Department	City & State	e		City & State			4.	4. FEI Number 65-0670601				<u> </u>	7
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ROMOSER, CONNIE BROOKSHIRE FT MYERS FL 33912 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: City FL Zip Code		6. Name	and Address of Current Re	egistered Agent			7.	Name and Ad	dress of New Reg	istered Ag	ent]
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits its statement for the purpose of the purpose of the state of Florida. 8. The Above named entity is mittangible above named entity is mittangible above named entity is mittangible above named entity is mittangible. 8. The Above named entity is mittangible above named entity is mittangible. 9. Above named entity is mittangible. 1. OFFICERS AND DIRECTORS IN 11 1. OFFIC						Name							ı
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 Signat	6601 BRO0	Southwe Okshire	ILL DRIVE			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						-
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME BROMOSER, CONNIE 6601 SOUTHWELL DRIVE FT MYERS FL 33912 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS	FT M	YERS FL 3	3912			City				FL	Zip Coo	de	
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		ertify that the	information supplied with the	nis filing does not qualify for			d in Section	119 07(3Vi) F	Florida Statutes I fu	rther certify	v that the	information	7

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.