FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92194 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048110

90126044

1. Entity Name
COAN, INC.

Principal Place of Business
5100 S CLEVELAND AVE
SUITE 304
FT MYERS, FL 33907 US

Mailing Address
5100 S CLEVELAND AVE
SUITE 304
FT MYERS, FL 33907 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0670601 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROMOSER, CONNIE
14402 REFLECTION LAKES DRIVE
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent
Name: ROMOSER, JOHN
Street Address (P.O. Box Number is Not Acceptable): 14402 REFLECTION LAKES DR.
City: FT MYERS FL Zip Code: 33907

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: John Romoser JOHN ROMOSER — DATE: 4-28-03
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

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	D	☒ Delete
NAME	ROMOSER, CONNIE	
STREET ADDRESS	14402 REFLECTION LAKES DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	D	☐ Delete
NAME	ROMOSER, JOHN	
STREET ADDRESS	14402 REFLECTION LAKES DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: John Romoser JOHN ROMOSER 4-28-03 (239) 939-4080
(Signature and typed or printed name of signing officer or director — Date — Daytime Phone #)