## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000050307

1. Entity Name

COITEIDE COILL INC



**FILED** Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90210 042 \*\*\*150.00

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Principal Place 10901-D ROOSE ST. PETERSBUR US	VELT BLVD #800	Mailing Address 10901-D ROOSEVELT BL ST. PETERSBURG FL 33 US						
2. Principal Pla	ace of Business	3. Mailing Address	**	<u> </u>	- 		<b>                                 </b>	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			CHECK HERE	F MAKING	CHANGES	
		City & State			4. FEI Number CF 0070197		<u> </u>	olied For
City & State				4. FEI Number 65-0679187		Not \$8.75 Addi	Applicable	
Zip Country Zip		Count	ry	5. Certificate of Status Desired		Fee Required	<u> </u>	
	6. Name and Address of Current R	egistered Agent			~7Name and Address of New R	egistered A	lgent	<u></u>
				Name				
FISHER, GF				Street Address	(P.O. Box Number is Not Acceptable	•)		
	r avenue north							
ST. PETER	SBURG FL 33710			City		FL	Zip Code	 ∍
				City			•	
8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing	is registere	ed office of registe	orda agoni, or bon, market			
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (N	NOTE: Registere	d Agent signature requir	red when reinstating)	DATE		<del></del>
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			9. Election Campaign Fi Trust Fund Contribution	on. [	Added	May Be
10.	OFFICERS AND I		11.		ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTOR	S IN 11
		JINEG I ONO			7(88)1101101			
		☐ Delete	TITL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition
	PD GAGLIARDO, JOSEPH	☐ Delete	TITL	ME.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE NAME STREET ADDRESS	PD GAGLIARDO, JOSEPH 10901-D ROOSEVELT BLVD #800	☐ Delete	TITL NAM STR				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAGLIARDO, JOSEPH 10901-D ROOSEVELT BLVD #800 ST. PETERSBURG FL 33716	☐ Delete	TITL NAM STR CITY	ME EET ADDRESS (-ST-ZIP				
TITLE NAME STREET ADDRESS	PD GAGLIARDO, JOSEPH 10901-D ROOSEVELT BLVD #800 ST. PETERSBURG FL 33716 TD GAGLIARDO, DOROTHY	☐ Delete	TITL NAM STR CITI TITL NAM	ME EET ADDRESS (-ST-ZIP E			Change	Addition
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indicated on this report of supplier with this 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 trystee 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: