

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90048 023 ***150.00

DOCUMENT # P96000051575

1. Entity Name
COI INCORPORATED

Principal Place of Business
1321 SW 17 STREET
BOCA RATON FL 33486-6630

Mailing Address
1321 SW 17 STREET
BOCA RATON FL 33486-6630

2. Principal Place of Business
1110 Sw 3RD ST
 Suite, Apt. #, etc.

3. Mailing Address
1110 Sw 3RD ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL
 Zip
33486
 Country
USA

City & State
BOCA RATON FL
 Zip
33486
 Country
USA

4. FEI Number **65-0667581**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MONTESANTO, JOHN
1321 SW 17 STREET
BOCA RATON FL 33486-6630

7. Name and Address of New Registered Agent

Name **LARRY MARRAFINO, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
3312 UNIVERSITY AVE
Suite # 2
 City **GAINESVILLE** FL Zip Code **32607**

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 **4/3/01**
(Signature, type, 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

TITLE **P** ☐ Delete
 NAME **MONTESANO, JOHN**
 STREET ADDRESS **1321 SW 17 STREET**
 CITY-ST-ZIP **BOCA RATON FL 33486-6630**

TITLE **VP** ☐ Delete
 NAME **ELLACOTT, TAMI**
 STREET ADDRESS **8761 CARMICHAEL DRIVE**
 CITY-ST-ZIP **CHESTERLAND OH 44026**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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, without other like empowered.

SIGNATURE:

JOHN MONTESANTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-01
Date

754-486-2443
Daytime Phone #

CR2E034 (10/00)