1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700001562

1. Corporation Name

COORDINATION PLUS, INC.

Principal Place of Business

Mailing Address

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90095 025 ***150.00



9675 KNIGHTSBRIDGE CIRCLE 9675 KNIGHTSBRIDGE CIRCLE SARASOTA FL 34238 SARASOTA FL 34238 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/02/1997 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0715552 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zin □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEPHEN-E, VOIGT. B 82 Street A 2414 BEE RIDGE ROAD SARASOTA EL 34239 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, high State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. COURT omenstein SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change DELETE 1.1 TITLE TITLE BLUMENSTEIN, ROB 895 West End AUC. 1.2 NAME NAME **BLUMENSTEIN, TERRY** 9675 KNIGHTSBRIDGE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34238 1.4 CITY-ST-ZIP CITY, ST, ZIP ☐ Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. Block 12 or Block 13 if changed, or on.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Addition

☐ Change

CR2E034 (11/98)