2000 UNIFORM BUSINESS REPORT (UBR)

7/2(

FILED
Aug 21, 2000 8:00 am
Secretary of State
07-20-2000 90011 043 ***150.00

DOCUMENT # P97000006933

1. Entity Name
LINDA COYNE'S PORCELAIN BABES, INC.

Principal Place of Business	Mailing Address
1506 OSCEOLA ST. JACKSONVILLE BEACH FL 32250	P.O. BOX 50061 JACKSONVILLE BEACH FL 32240-0061

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3424590 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'NEILL, KAREN B
1009 21ST ST., N.
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D	☐ Delete
NAME	COYNE, DANIEL J	
STREET ADDRESS	1506 OSCEOLA ST.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	☐ Delete
NAME	COYNE, LINDA	
STREET ADDRESS	1506 OSCEOLA ST.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/15/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doc # P97000006933

309307

8/15/00

To Whom it concerns,

Both this return and Stop Alarms inc. were sent out April 15th. I always do it on tax day when I file my federal return as to not forget. I'm sorry if the postal service may have delayed the delivery or it was misplaced there. I do not feel I should be penalized when fulfilled my obligation. Please rectify the situation at your end.

Thank You,

Ron Coyne