

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0423999

DOCUMENT # P97000017295

1. Entity Name
COFFEY HOME, INC.

05-18-2001 91702 001 *****8.75
 05-18-2001 91702 002 ***150.00

Principal Place of Business

**6718 SEAVIEW BLVD
 HUDSON FL 34667**

Mailing Address

**6718 SEAVIEW BLVD
 HUDSON FL 34667**

15023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14605 COFFEY LANE
 Suite, Apt. #, etc.
HUDSON

3. Mailing Address

14605 COFFEY LANE
 Suite, Apt. #, etc.

City & State

HUDSON

City & State

HUDSON

4. FEI Number

59-3434012

Applied For

Not Applicable

Zip

FL

Country

PASCO

Zip

34667 FL

Country

PASCO 34667

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COFFEY, DOUGLAS C
 6718 SEAVIEW BLVD
 HUDSON FL 34667**

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 **M. Coffey MARGE COFFEY**

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **COFFEY, DOUGLAS C**
 STREET ADDRESS **6718 SEAVIEW BLVD**
 CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **D** ☐ Delete
 NAME **COFFEY, MARGE**
 STREET ADDRESS **6718 SEAVIEW BLVD**
 CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **D** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **M. Coffey MARGE COFFEY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01
 Date

727 863 7387
 Daytime Phone #

CR2E034 (10/00)