

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025973

1. Entity Name

COFFIN ENTERPRISES, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90017 035 ***150.00

Principal Place of Business

2878 S.W. 13TH COURT
FT. LAUDERDALE FL 33312

Mailing Address

2878 S.W. 13TH COURT
FT. LAUDERDALE FL 33312

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0744897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~COFFIN, DONALD D~~

~~2878 S.W. 13TH COURT~~

~~FT. LAUDERDALE FL 33312~~

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

Signature, typed 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **COFFIN, DONALD D**
CITY-ST-ZIP **2878 S.W. 13TH COURT**
FT. LAUDERDALE FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (5/00)

Attachment
DH # 89700025973
DW 7152-9

COFFIN ENTERPRISES, INC
2878 SW 13 COURT
FT. LAUDERDALE, FL 33312

JULY 7, 2000

Division of corporations
PO Box 1500
Tallahassee, FL 32302

ENCLOSED IS THE ANNUAL REPORT FOR THE STATE OF FLA. We did not receive any other report. According to the instructions we received in a phone conversation with one of your representatives, we were to send a note of explanation with a check for \$150.00.

Thank you.

Very truly yours



Dean Coffin
President