

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90408 002 \*\*\*150.00

**DOCUMENT # P97000025973**

1. Entity Name

**COFFIN ENTERPRISES, INC.**



Principal Place of Business

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

Mailing Address

~~BOB MAHONEY~~  
~~3801 N FEDERAL HWY~~  
~~POMPANO BEACH FL 33064~~

2. Principal Place of Business

3. Mailing Address

**7777 GLADES ROAD, P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**209**

City & State

City & State

**BOCA RATON, FL**

Zip

Country

Zip

Country

**33434**

**U.S.**

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

~~MAHONEY, BOB CPA~~

~~3801 N FEDERAL HWY~~

~~POMPANO BEACH FL 33064~~

7. Name and Address of New Registered Agent

**ROBERT F MAHONEY, P.A.**

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

**7777 GLADES ROAD**

**SUITE 209**

City

**BOCA RATON**

**FL**

Zip Code

**33434**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**ROBERT F. MAHONEY, P.A.**

**1/23/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **COFFIN, DONALD D**  
STREET ADDRESS **2878 S.W. 13TH COURT**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**COFFIN, DONALD D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-792-1459**  
**1/24/03**

CR2E034 (10/02)