

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90428 034 ***150.00

DOCUMENT # P97000077622

1. Entity Name

LARCOA, INC.

DO NOT WRITE IN THIS SPACE

670666

2. Principal Place of Business

1001 US HIGHWAY ONE, N.

Suite, Apt. #, etc.

402

3. Mailing Address

1001 US HIGHWAY ONE, N.

Suite, Apt. #, etc.

402

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33477

Country

USA

Zip

33477

Country

USA

4. FEI Number

65-0778890

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARION E COATES, JR

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

4055 GROVE POINT ROAD

City

Palm Beach Gardens

FL

Zip Code

33410

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<u>D</u>	<u>KIMBERLY LARSON</u>	<u>4055 GROVE POINT ROAD</u>				
		<u>Palm Beach Gardens, FL</u>	<u>33410</u>				
	<u>D</u>	<u>MARION E COATES, JR.</u>	<u>4055 GROVE POINT ROAD</u>				
		<u>Palm Beach Gardens, FL</u>	<u>33410</u>				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly Larson KIMBERLY LARSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

561 748 3408

Daytime Phone #

CR2E034B (12/01)