FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90090 045 ***150.00

DOCUMENT # P98000048691

1. Entity Name
front Row Rentals Inc.

DO NOT WRITE IN THIS SPACE

80056553

2. Principal Place of Business
P.O. Box 427
Suite, Apt. #, etc.
City & State
Lake Worth, FL
Zip 33460 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0839887 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Joseph Coakley
Street Address (P.O. Box Number is Not Acceptable)
2 18th Ave. South
City: Lake Worth FL Zip Code: 33460

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: x Joseph Coakley
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) ☐

If: 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	President
NAME	Joseph Coakley
STREET ADDRESS	1012 South Dixie Highway
CITY-ST-ZIP	lake worth, FL 33460
TITLE	Vice President
NAME	Joseph Coakley
STREET ADDRESS	1012 South Dixie Highway
CITY-ST-ZIP	lake worth, FL 33460
TITLE	secretary
NAME	Robert Coakley
STREET ADDRESS	412 21st street
CITY-ST-ZIP	Manhatten Beach, CAL 90266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: x Joseph Coakley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2002 (561) 533-0178
Date Daytime Phone #