

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067015

1. Entity Name

COCONUT FISHERIES, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90008 016 ***150.00

Principal Place of Business

PO BOX 601
LONG KEY FL 33001

Mailing Address

PO BOX 601
LONG KEY FL 33001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0855687

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHILDTS, MICHAEL
2151 LEJEUNE RD STE 312
CORAL GABLES FL 33134

Name

MICHAEL SCHILDTS

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

142 OCEANVIEW DR

City

TAVERNIER

FL

Zip Code

33070

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SCHILDTS, MICHAEL
P O BOX 601 N/A
LONG KEY FL 33001 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SCHILDTS, DEBORAH
P O BOX 601 N/A
LONG KEY FL 33001 ☐ Delete

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

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

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:

Michael Schildts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00 (705) 853 0633
Date Daytime Phone #

CR2E034 (3/00)

7/21/00

Attachment
#P9800W67015
0075484

I NEVER RECIEVED THE FIRST
APPLICATION TO FILE IN JANUARY.
I DID CALL YOUR OFFICE AND
SOMEONE TOLD ME TO MAIL IN
MY FORM WITH 150.00.

MIKE SCHILTS