

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067015

1. Entity Name
COCONUT FISHERIES, INC.

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

Zip

Country

Zip

Country

4. FEI Number 65-0855687

Applied For
Not Applicable

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

SCHILDT, MICHAEL
142 OCEANVIEW DR
TAVERNIER FL 33070

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 fee 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 12, 2001 Fee 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 PTD
NAME SCHILDT, MICHAEL
STREET ADDRESS P O BOX 601 N/A
CITY-ST-ZIP LONG KEY FL 33001 ☐ Delete

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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)(f), 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 Schmidt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01

Date

305 853 0633

Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

07-10-2001 90110 017 ***150.00
09-05-2001 90005 026 ***400.00



DO NOT WRITE IN THIS SPACE

CP2E034 (5/01)