

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90669 049 ***150.00

DOCUMENT # P98000077382

1. Entity Name

COIN GUARD, INC.

DO NOT WRITE IN THIS SPACE

B0064701

2. Principal Place of Business
2571 DEL LAGO DRIVE

3. Mailing Address
P.O. BOX 460460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number
65-0860943

Applied For
Not Applicable

Zip
33316

Country
USA

Zip
33346

Country
USA

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
WILLIAM T. MCCLELLAN
Street Address (P.O. Box Number is Not Acceptable)
2571 DEL LAGO DRIVE

City
FORT LAUDERDALE **FL** Zip Code
33316

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 

WILLIAM T. MCCLELLAN, PRESIDENT

3-10-02
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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
DP
NAME
WILLIAM T. MCCLELLAN
STREET ADDRESS
2571 DEL LAGO DRIVE
CITY - ST - ZIP
FORT LAUDERDALE, FL 33316

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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:  **WILLIAM T. MCCLELLAN** **3-10-02** **954-1892-12000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)