

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

0120787 AV

DOCUMENT # P99000013751

1. Entity Name
A COYOTE PRODUCTION, INC.



Principal Place of Business
**631 BROOKHAVEN DR
ORLANDO FL 32803**

Mailing Address
**P. O. BOX 561248
ORLANDO FL 32856**



2. Principal Place of Business
BOX 772111
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 772111
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL
Zip
32877 Country
USA

City & State
ORLANDO FL
Zip
32877 Country
USA

4. FEI Number
59-3626494

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**YATES, CHARLES R
631 BROOKHAVEN DR
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name
CHARLES YATES
Street Address (P.O. Box Number is Not Acceptable)
1801 CHAMBERLIN ST.
City
ORLANDO FL Zip Code
32806

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P YATES, CHARLES R
631 BROOKHAVEN DR
ORLANDO FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P CHARLES YATES
BOX 772111
ORLANDO, FL 32877** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP MORLEY, SHAWN T
631 BROOKHAVEN DR
ORLANDO FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP SHAWN MORLEY
BOX 772121
ORLANDO, FL 32877** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)