

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90427 010 ***150.00

DOCUMENT # P990000043000 ✓
1. Entity Name Coe's Custom Marble & Tile, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
441 14th Ave NW
Suite, Apt. #, etc. 6

3. Mailing Address
441 14th Ave NW
Suite, Apt. #, etc. 6

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City & State
Naples, FL
Zip 34120 Country Collier

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Naples, FL
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4. FEI Number
59-3577113
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 Sane

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 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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
William D Coe Jr.
441 14th Ave NW
Naples, FL 34120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Seldam Coe
471 1st Ave
Naples, FL 34120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary / Treasurer
Gindy Coe
441 14th Avenue
Naples, FL 34120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)