

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90343 018 ***150.00

05/10/05 AV

DOCUMENT # P99000074213

1. Entity Name
COYOTE'S DEN, INC.



Principal Place of Business
**4920 E. ARBOR STREET
SUITE B
INVERNESS FL 34452**

Mailing Address
**4920 E. ARBOR STREET
SUITE B
INVERNESS FL 34452**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3594882**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WYLIE, JOHN E JR.
4920 E. ARBOR STREET
SUITE B
INVERNESS FL 34452**

7. Name and Address of New Registered Agent

Name **Robert J. Eldredge**
Street Address (P.O. Box Number is Not Acceptable)
358 E. Gulf to Lake Hwy.
City **Inverness** FL Zip Code **34453**

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 *[Signature]* **Robert J. Eldredge** DATE **4-24-03**

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 **P** ☐ Delete
NAME **WYLIE, DARLENE B**
STREET ADDRESS **4920 E. ARBOR STREET**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **PT** ☐ Change ☒ Addition
NAME **Wylie, Darlene B.**
STREET ADDRESS **4920 E. ARBOR STREET**
CITY-ST-ZIP **Inverness FL 34452**

TITLE **VPT** ☒ Delete
NAME **WYLIE, JOHN E JR.**
STREET ADDRESS **4920 E. ARBOR STREET**
CITY-ST-ZIP **INVERNESS FL 34452**

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

TITLE **S** ☐ Delete
NAME **WYLIE, DESIRIE M**
STREET ADDRESS **4920 E ARBOR ST**
CITY-ST-ZIP **INVERNESS FL 34452**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

DATE **4-24-03** DAYTIME PHONE # **(352) 754-0356**

CR2E034 (10/02)