

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90257 042 ***150.00

DOCUMENT # V34494

1. Entity Name
THE COCONUT BAR, INC.

Principal Place of Business Mailing Address
4090 SALERNO RD **P.O. BOX 235**
PT SALERNO FL 34992 **PT. SALERNO FL 34992**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

3338 WATERWAY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Teguesta, FL.

City & State

4. FEI Number Applied For
65-0336240 Not Applicable

Zip Country
33469 **PAIM BEACH**

Zip Country

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

HENRICKS, LORRAINE M.
4090 SALERNO RD
PT SALERNO FL 34992

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 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME D HENDRICKS, LORRAINE M. | <input type="checkbox"/> | NAME | <input type="checkbox"/> |
| STREET ADDRESS 4090 SALERNO RD | | STREET ADDRESS | |
| CITY-ST-ZIP PT SALERNO FL | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> | TITLE | <input type="checkbox"/> |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |

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

SIGNATURE: *Lorraine M. Hendricks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02
Date Daytime Phone #

UNIFORM A1

CR2E034 (9/01)