

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

06-18-2001 90139 001 ***150.00
 06-18-2001 90139 002 ***400.00

DOCUMENT # V50356
 1. Entity Name
~~K. H. COATS & CO., INC.~~
COATS ENGINEERING, INC. ✓

Principal Place of Business Mailing Address
 141 STILLWATER COURT 3330 DORCHESTER ROAD
 MARCO ISLAND FL 34145 SHAKER HEIGHTS OH 44120
 US

74708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 941 Westhaven Drive

City & State City & State
 Hudson, Ohio

4. FEI Number **65-0350582** Applied For
 Not Applicable

Zip Country Zip Country
 44236 U.S.A.

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

6. Name and Address of Current Registered Agent
 GRIFFIN, DAVID W P.A.
 % WILSON & GRIFFIN, P.A.
 401 SOUTH LINCOLN AVENUE
 CLEARWATER FL 34616

7. Name and Address of New Registered Agent
 Name: Peter L. Keeley
 Street Address (P.O. Box Number is Not Acceptable):
 40 GRANT, Fridkin, Penason, Arthur & Brown, P.A.
 5551 Ridgewood Drive, Suite 501
 City: Naples FL Zip Code: 34108-2719

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: *Peter L. Keeley* (PETER L. KEELEY) DATE: April 23, 2001
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COATS, KEITH H 141 STILLWATER CT. MARCO ISLAND FL 33937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KORPICS, DIANE C 3330 DORCHESTER ROAD SHAKER HEIGHTS OH	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KORPICS, DIANE C 941 WESTHAVEN DRIVE HUDSON, OH 44236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Diane C. Korpics* Diane C. Korpics 3/16/01 330 528-3393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #