

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90073 048 \*\*\*150.00

**A0067251**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 052813  
**1. Entity Name** COYOTES PART 6 INC

**Principal Place of Business** 5106A 14th St N  
**Mailing Address** BRANDENBURG FL 34207

**2. Principal Place of Business** 5106A 14th St N  
**3. Mailing Address**

**Suite, Apt. #, etc.** BRANDENBURG FL  
**Suite, Apt. #, etc.**

**City & State** BRANDENBURG FL  
**City & State**

**Zip** 34207 **Country** MAINE  
**Zip** 34207 **Country**

**4. FEI Number** 65-0596203  
**Applied For** ☐ **Not Applicable** ☒

**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**  
**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]  
 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.** ☐  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>THOMAS</u> <u>4026 Roberts Pkwy</u> <u>SARASOTA FL 34242</u>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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:** [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

V52813

#0067251

**FLORIDA DEPARTMENT OF STATE****1ST NOTICE  
WITHOUT PENALTY****1999  
PROFIT  
CORPORATION  
ANNUAL REPORT  
PACKET****\* FILE NOW. FILING FEE IS \$150.00 \*****THE LAW MAKES NO PROVISION FOR ANY EXTENSION OF TIME FOR THE  
FILING OF THE CORPORATION ANNUAL REPORT.**

**IMPORTANT NOTICE:** It is the responsibility of the corporation to ensure that the annual report is received and filed by this office on or before May 1, 1999. Your cancelled check will be your filing acknowledgement unless a certificate of status is requested and an additional \$8.75 is submitted to cover its fee. ALL REPORTS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS WILL NOT BE FILED AND WILL BE RETURNED FOR CORRECTION(S). THE CORRECTED REPORT MUST BE RETURNED WITHIN 30 DAYS.

**This packet contains:**

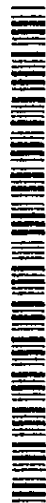
- General Instructions for Form Completion
- 1999 Profit Corporation Annual Report Form
- Section 607.1622 and 607.193, Florida Statutes
- Return Envelope

**DIVISION OF CORPORATIONS**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314



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FIRST-CLASS MAIL  
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FLORIDA DIVISION OF CORPORATIONS  
46121

TO:

0101692

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TS 5 1297 34207-243006

US2813

COYOTES PUB & GRILLE INC  
5106-A 14TH STREET WEST  
BRADENTON FL 34207-2430

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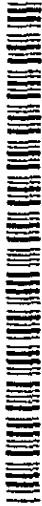
ACC07251

NEWER RECEIVED CORPORATION  
ANNUAL REPORT - MARKET -  
ENCLOSED ON ATTACHED CHECK FOR  
COYOTES PUB & GRILLE INC -



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314



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TO: 0101692 AF \*\*AUTO T8 5 1297 34207-243006  
COYOTES PUB & GRILLE INC.  
5106-A 14TH STREET WEST  
BRADENTON FL 34207-2430

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NEVER RECEIVED CORPORATION  
ANNUAL REPORT - PACKET -  
ENCLOSED OR ATTACHED CHECK FOR  
COYOTES PUB & GRILLE INC.

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