

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90080 036 \*\*\*150.00

**DOCUMENT # F94000005367**



1. Entity Name  
**COLEMAN AMERICAN MOVING SERVICES, INC.**

Principal Place of Business  
**P.O. BOX 960  
MIDLAND CITY AL 36350**

Mailing Address  
**P.O. BOX 960  
MIDLAND CITY AL 36350**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **63-0419836**

Applied For  
 Not Applicable

Zip Country 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

**COLEMAN, JAMES F  
2200 EAST 13TH STREET  
PANAMA CITY FL 32402**

Name  
**Brakefield, William L.**

Street Address (P.O. Box Number is Not Acceptable)  
**2200 East 13th Street**

City  
**Panama City FL 32402**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>PDS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAKEFIELD, WILLIAM L</b>		NAME		
STREET ADDRESS	<b>1 COVAN DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIDLAND CITY AL 36350</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLEMAN, JAMES F</b>		NAME		
STREET ADDRESS	<b>4155 BEACHSIDE ONE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DESTIN FL</b>		CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLEMAN, JEFFREY F</b>		NAME		
STREET ADDRESS	<b>1 COVAN DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIDLAND CITY AL 36350</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 checked, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **334-983-6500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)