

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90034 001 \*\*\*872.50

01110



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000007974**  
 1. Entity Name  
**ANTHONY COLEMAN & ASSOCIATES, P.A.**

Principal Place of Business      Mailing Address  
~~6194 NORTH FEDERAL HIGHWAY~~      ~~6194 NORTH FEDERAL HIGHWAY~~  
~~BOCA RATON FL 33487~~      ~~BOCA RATON FL 33487~~

2. Principal Place of Business      3. Mailing Address  
**3275 W. HILLSBORO BLVD**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**207**

City & State      City & State  
**DEERFIELD BCH FL**      City & State  
 Zip      Country      Zip      Country  
**33442**      Country

4. FEI Number      Applied For  
**65-0807676**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~COLEMAN, ANTHONY~~  
~~6194 NORTH FEDERAL HIGHWAY~~  
~~BOCA RATON FL 33487~~

7. Name and Address of New Registered Agent  
 Name **ANTHONY G. COLEMAN, JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3275 W. HILLSBORO BLVD # 207**  
 City **DEERFIELD BEACH FL**      Zip Code **33442**

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      DATE **1/3/01**  
Signature, typed or printed name of registered agent and where 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLEMAN, ANTHONY</b> <b>6194 NORTH FEDERAL HIGHWAY</b> <b>BOCA RATON FL 33487</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ANTHONY G. COLEMAN, JR.</b> <b>3275 W. HILLSBORO BLVD # 207</b> <b>DEERFIELD BCH, FL 33442</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:      DATE: **1/3/01**      Daytime Phone #

CR2E034 (10/00)