

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 475363

FILED
Jan 21, 2003
Secretary of State

Entity Name: WILLIAM H. COLEMAN, INC.

Current Principal Place of Business:

4519 BEACH BOULEVARD
SUITE 100
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4519 BEACH BOULEVARD
SUITE 100
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-1616836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM H.
3454 FITCH STREET
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: COLEMAN, WILLIAM H.
Address: 3454 FITCH STREET
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: COLEMAN, IRMA
Address: 3454 FITCH ST.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRMA COLEMAN

PD

01/21/2003

Electronic Signature of Signing Officer or Director

_____ Date