

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90189 014 ***150.00

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DOCUMENT # 602924

1. Entity Name
COFFMAN, COLEMAN, ANDREWS & GROGAN, PROFESSIONAL ASSOCIATION



Principal Place of Business
**2065 HERSCHEL ST
JACKSONVILLE FL 32204
US**

Mailing Address
**P.O. BOX 40089
JACKSONVILLE FL 32203
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1351084**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, PATRICK D.
2065 HERSCHEL STREET
JACKSONVILLE FL 32204**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	T	<input type="checkbox"/> Delete
NAME	GROGAN, MICHAEL K.	
STREET ADDRESS	2065 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDREWS, WILLIAM H.	
STREET ADDRESS	2065 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLEMAN, PATRICK	
STREET ADDRESS	2065 HERSCHEL STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	RIEDEL, ROBERT G JR	
STREET ADDRESS	2065 HERSCHEL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	STRONG, TIMOTHY B	
STREET ADDRESS	2065 HERSCHEL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	HOLHOUSER, ERIC J	
STREET ADDRESS	2065 HERSCHEL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary W. Jarrett	
STREET ADDRESS	2065 Herschel Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael B. Prendergast	
STREET ADDRESS	2065 Herschel Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heather A. Owen	
STREET ADDRESS	2065 Herschel Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey P. Watson	
STREET ADDRESS	2065 Herschel Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert T. Devine	
STREET ADDRESS	2065 Herschel Street	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)