

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90081 028 ***158.75

DOCUMENT # 830768

1. Entity Name
COLEMAN FLOOR COMPANY



Principal Place of Business
**C/O CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324
US**

Mailing Address
**3100 TOLLVIEW DRIVE
ROLLING MEADOWS IL 60008**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2605373**

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	P	COLEMAN, THOMAS D	930 FOREST GLEN WINNETKA IL 60093	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete	VD	BAER, G.F.	700 COUNTRY LANE GLENCOE IL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	S	KESSLER, ALAN J	17 CORNELL DR LINCOLNSHIRE IL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete	D	COLEMAN, THOMAS D	1914 GREENWOOD AVENUE WILMETTE IL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	Christopher White	247 W 87th Apt 18F New York New York 10024
<input type="checkbox"/> Delete	T	KESSLER, ALAN J	17 CORNELL DR. LINCOLNSHIRE IL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:

ALAN J. KESSLER
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 **847-259-6100**
Date Daytime Phone #

CR2E034 (10/02)