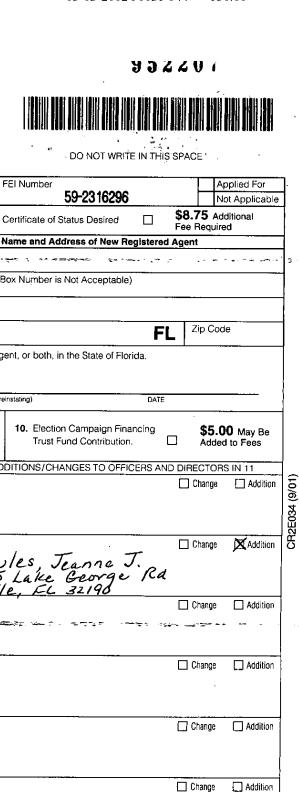
FILED



2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G58424 1. Entity Name H. RONALD COLEMAN FERNERIES, INC.						May 03, 2002 8:00 an Secretary of State 05-03-2002 90031 044 ***150.00			
Principal Place of Business 1675 LAKE GEORGE ROAD POST OFFICE BOX 155 SEVILLE FL 32190 US			Mailing Address P O BOX 155 SEVILLE FL 32190-7155 US			3 3 2 2 V 1			
2. Principal	Place of Busin	ness	3. Mailing Address	·		I AERIKAT ERRA RATAR ATRIA ATRIA ATRIA DIRA BARAF ARRIF DIRAH DIRAH DIRAH ADRI			
Suite, Apt	t. #, etc.	<u> </u>	Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE	•	
City & Sta	ate		City & State			FEI Number 59-2316296	— —	pplied For	
Zip Country			Zip	Zip Country		Certificate of Status Desired	\$8.75 Ad		
	6. Name	and Address of Currer	t Registered Agent	<u> </u>	7	7. Name and Address of New Registered Agent			
 			- A - Server and an	Name		wame and Address of New Register			
COLEMA 1675 LA	in, h rona Ke george	LD		Stree	Street Address (P.O. Box Number is Not Acceptable)				
SEVILLE FL 32090					City Zip Code				
The above named entity submits this statement for the purpose of changing its register.					PL The state of th				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 I Make Check Payable to					\$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be	
11.	,	OFFICERS AND	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		I, H RONALD E GEORGE RD IL 32190	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOWLES	, JEANNE D E GEORGE RD	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SD Know 1673 Sevil	ules, Jeanne J. 5 Lake George R 11e, EL 32190	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ون در المحالين باست وجود من المحالين الم	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		Marian San San San San San San San San San S	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		☐ Change	Addition	
TITLE NAME Street Address City-St-Zip	t a i	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6		☐ Change	Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the examption 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: /

Monard Coleman, Pres. 4/17/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date