

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90074 004 ***150.00

DOCUMENT # K60935

1. Entity Name
COOMBER CONSTRUCTION, INC.

Principal Place of Business
620 E 3RD AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address
620 E 3RD AVENUE
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business
620 E. 3rd Avenue

3. Mailing Address
620 E. 3rd Avenue

Suite, Apt. #, etc.

City & State
New Smyrna Bch, FL

City & State
New Smyrna Bch, FL

Zip
32169

Country
U.S.A.

Zip
32169

Country
U.S.A.

6. Name and Address of Current Registered Agent

COOMBER, JAMES S.
620 E THIRD AVENUE
NEW SMYRNA BEACH FL 32169

4. FEI Number **59-2923919**

Applied For
☐ **Not Applicable**

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ **DATE** _____

Signature, typed or printed name of registered agent and title if 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, 2002 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

OP
COOMBER, JAMES S.
507 S PENINSULA DR
NEW SMYRNA BEACH FL 32169

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/02 386-428-3833

CR2E034 (9/01)