

2/5/

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 10, 2002 8:00 am
Secretary of State

02-05-2002 90118 049 ****50.00

DOCUMENT # L01000004180

1. Entity Name

COLEMAN OUTDOOR ADVERTISING, LLC

Principal Place of Business

**420 LAKESHORE DRIVE
MADISON FL 32340**

Mailing Address

**420 LAKESHORE DRIVE
MADISON FL 32340**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3713014

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANGFORD, E.C.
1715 WEST CLEVELAND STREET
TAMPA FL 33606**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	D	☐ Delete
NAME	HENRY N. DAVIS	
STREET ADDRESS	420 LAKESHORE DR	
CITY-ST-ZIP	MADISON, FL 32340	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	☐ Delete
NAME	TONJA S. DAVIS	
STREET ADDRESS	420 LAKESHORE DR	
CITY-ST-ZIP	MADISON, FL 32340	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Henry N. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-11-02**850 973 2215**

CR2E083 (9/01)