2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M12013

1. Entity Name

City & State

LAKE PARK FL 33403

SIGNATURE



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90841 032 ***150.00

COLEMAN O'TOOLE & ASSO			
Principal Place of Business C/O COLEMAN O'TOOLE 700 FORESTERIA DRIVE LAKE PARK FL 33403	Mailing Address C/O COLEMAN O'TOOLE 700 FORESTERIA DRIVE LAKE PARK FL 33403		
2. Principal Place of Business	3. Mailing Address	-	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	

City & State



CHECK HERE IF MAKING	G CHANGES
4. FEI Number 59-2502863	Applied For
59-2502863	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

Fee Required

Zip Code

6.	Name and	Address	of Current	Registered	Agent
			o. our.c.ii	riegiatereu	Agent

O'TOOLE, COLEMAN 700 FORESTERIA DRIVE

	7. Name and Address of New Registered Agent	·
Name		
	1	
Street Address (P.O. Box Number is Not Acceptable)	
		
0.4		

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

Country

Signature, typed or printed name of registered agent and title if app	licable
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 Re

Make Chec	k Payable to Florida Department of State			Trust Fund Contribution.	☐ Adde	d to Fees
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICER	S AND DIDECTOR	00 161 44
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST O'TOOLE, COLEMAN 700 FORESTERIA DR. LAKE PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO OFFICER	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'TOOLE, COLEMAN 700 FORESTERIA DR. LAKE PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST. 7/P		☐ Change	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: