

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049996

1. Entity Name
KOOMAN, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90049 035 ***150.00

Principal Place of Business
11804 CYPRESS CREST CIRCLE
TAMPA FL 33626

Mailing Address
11804 CYPRESS CREST CIRCLE
TAMPA FL 33626

2. Principal Place of Business
8408 W. Hillsborough Ave

3. Mailing Address
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FLORIDA

City & State
TAMPA FL

4. FEI Number
59-3650867

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MCATEE, CAROL
5156 CENTRAL AVENUE
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent
Name
JAMES K. PATE
Street Address (P.O. Box Number is Not Acceptable)
11804 Cypress Crest Circle
City
Tampa FL
Zip Code
33626

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 James K. Pate
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

27th April '01
DATE

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT JAMES K. PATE 11804 CYPRESS CREST CIRCLE TAMPA FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 27 April '01 813-886-7346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)