

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90047 017 ***150.00

DOCUMENT # P00000086870

1. Entity Name

BARRISTERS LAW GROUP, P.A.

Principal Place of Business

1245 COURT STREET
 SUITE 104
 CLEARWATER FL 33756

Mailing Address

1245 COURT STREET
 SUITE 104
 CLEARWATER FL 33756

2. Principal Place of Business

166 Highway A1A N.

3. Mailing Address

166 Hwy A1A N.

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.
SUITE 100

City & State

PONTE VEDRA BCH, FL

City & State

PONTE VEDRA BCH FL

4. FEI Number

59-3690335

Applied For

Not Applicable

Zip
32082

Country
ST. JOHNS

Zip
32082

Country
ST. JOHNS

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, STEPHEN P
1245 COURT STREET
SUITE 104
CLEARWATER FL 33756

Name
COLEMAN, STEPHEN P
 Street Address (P.O. Box Number is Not Acceptable)
166 Hwy A1A N
SUITE 100
 City
PONTE VEDRA BCH **FL** Zip Code
32082

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  **STEVE COLEMAN**

4/23/01

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

(NOTE: Registered Agent signature required when reinstating)

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 | PRESIDENT COLEMAN, STEPHEN P. (SAME AS ABOVE) | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 #

4/23/01 (904) 568-9074

CR2E034 (10/00)