

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90287 008 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PD1000061462	
1. Entity Name Laura S. Coleman, PA	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5177 Elmira St Suite, Apt. #, etc.	3. Mailing Address Same PO Box 615 Suite, Apt. #, etc. Milton FL
City & State Milton, FL	City & State 32572
Zip 32570	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FFL Number 593750050	Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Laura S. Coleman Street Address (P.O. Box Number is Not Acceptable) 5177 Elmira St City Milton FL Zip 32570	

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 the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and date of signature _____
DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Laura S. Coleman 5177 Elmira St Milton, FL 32570	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 of the corporation or the receiver or trustee, employee, or a two-thirds majority of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address with all other like information.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (850) 995-5000

CR2E034B (12/02)