

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90071 048 ***158.75

DOCUMENT # P01000064263

1. Entity Name

COLEMAN CONSULTING, INC.

Principal Place of Business

**1701 N FLAFLER DRIVE APT 214
 WEST PALM BEACH FL 33407**

Mailing Address

**1701 N FLAFLER DRIVE APT 214
 WEST PALM BEACH FL 33407**

2. Principal Place of Business

1701 N. FLAGLER DR

Suite, Apt. #, etc.

#214

3. Mailing Address

1701 N. FLAGLER DR.

Suite, Apt. #, etc.

#214

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33407

Country

Palm Beach

Zip

33407

Country

Palm Beach

4. FEI Number

65-1117562

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HARRIS, LYNDIA J

222 LAKEVIEW AVE STE 1400

WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

KATHLEEN J. COLEMAN

Street Address (P.O. Box Number is Not Acceptable)

1701 N. FLAGLER DR. #214

City

WEST PALM BEACH

FL

Zip Code

33407

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 **KATHLEEN J. COLEMAN**

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

Kathleen J. Coleman

(NOTE: Registered Agent signature required when reinstating)

4/14/02

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, 2002 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	COLEMAN, KATHLEEN	
STREET ADDRESS	1701 N FLAFLER DRIVE APT 214	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	JOHN STON, KATHLEEN	
STREET ADDRESS	1701 N FLAGLER DR, APT 214	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Kathleen J. Johnston (Vice President)

APRIL 14, 2002

4-1402 (56) 514-0335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)