

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90173 024 ***158.75

0685731 FP

DOCUMENT # P01000064263

1. Entity Name
COLEMAN CONSULTING, INC.



Principal Place of Business
1701 N FLAFLER DRIVE
#214
WEST PALM BEACH FL 33407

Mailing Address
1701 N FLAFLER DRIVE
#214
WEST PALM BEACH FL 33407



2. Principal Place of Business

1701 N. FLAGLER DR.
Suite, Apt. #, etc.
#213

3. Mailing Address

1701 N. FLAGLER DR.
Suite, Apt. #, etc.
#213

☐ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH, FL

City & State
west Palm BEACH, FL

4. FEI Number 65-1117562

Applied For
☐ Not Applicable

Zip

33407

Country

PALM BEACH

Zip

33407

Country

PALM BEACH

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

6. Name and Address of Current Registered Agent

COLEMAN, KATHLEEN J
1701 N FLAFLER DRIVE #214
WEST PALM BEACH FL 33407

1701 N. Flagler Dr
#213
WEST PALM BEACH, FL
33407

Name

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

City

FL

Zip Code

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 *Kathleen J. Coleman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

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 Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME COLEMAN, KATHLEEN ☐ Delete
STREET ADDRESS 1701 N FLAFLER DRIVE APT 214
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE VP
NAME KATHLEEN, JOHN S ☐ Delete
STREET ADDRESS 1701 N FLAFLER DRIVE APT 214
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1701 N. FLAGLER DR. #213
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS JOHNSTON, KATHLEEN G.
CITY-ST-ZIP 1701 N. FLAGLER DR. #213
WEST PALM BEACH, FL 33407

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen J. Coleman* **KATHLEEN J. COLEMAN** 4/21/03 (SG) 514-0335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E034 (10/02)