

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90704 025 ***150.00

DOCUMENT # **PO10000070798** ✓

1. Entity Name

COULSON PLAZA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6141 N. COURTENAY PKWY

Suite, Apt. #, etc.

E

City & State

MERRITT ISLAND FL

Zip

32953

Country

USA

3. Mailing Address

6141 N. COURTENAY PKWY

Suite, Apt. #, etc.

E

City & State

MERRITT ISLAND FL

Zip

32953

Country

USA

763576

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN R. COULSON

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

370 RAQUETTE CT

City

MERRITT ISLAND

FL

Zip Code

32953

**DO NOT WRITE
IN THIS SPACE**

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

J.R. COULSON

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JOHN R. COULSON
370 RAQUETTE CT
MERRITT ISLAND FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
CHRISTINE A. COULSON
370 RAQUETTE COURT
MERRITT ISL. FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN R. COULSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1, 2002

Date

321-453-5536

Daytime Phone #

CR2E034B (12/01)