

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90372 001 \*\*\*300.00

**DOCUMENT # P01000107245**

1. Entity Name

**SZ ENTERPRISES, INC.**

Principal Place of Business

**4540 SOUTHSIDE BLVD SUITE 602  
 JACKSONVILLE FL 32216**

Mailing Address

**4540 SOUTHSIDE BLVD SUITE 602  
 JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

**4540 Southside Blvd.**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 401**

City & State

City & State

**Jacksonville**

Zip

Country

Zip

Country

**32216**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, DEE**

**4540 SOUTHSIDE BLVD SUITE 602  
 JACKSONVILLE FL 32216**

Name

**ZULEMA COLEMAN**

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

**4540 Southside Blvd**

**Suite 401**

City

**Jacksonville**

**FL**

Zip Code

**32216**

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

**Zulema Coleman - Director**

**4/30/02**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, DEE</b>	
STREET ADDRESS	<b>4540 SOUTHSIDE BLVD SUITE 602</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DIRECTOR / PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZULEMA COLEMAN</b>	
STREET ADDRESS	<b>4540 Southside Blvd. Suite 401</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>DIRECTOR / SEC-TREAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEPHAN P. COLEMAN</b>	
STREET ADDRESS	<b>4540 Southside Blvd. Suite 401</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
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
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHAN P. COLEMAN**

**4/30/02**

Date

**904-996-7848**

Daytime Phone #

CR2E034 (9/01)