

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000011760

1. Entity Name  
JACKSONVILLE LAW GROUP, P.A.



APPROVED  
AND  
FILED

03 MAY -5 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4540 SOUTHSIDE BLVD SUITE 401  
JACKSONVILLE FL 32216

Mailing Address  
4540 SOUTHSIDE BLVD SUITE 401  
JACKSONVILLE FL 32216



2. Principal Place of Business  
8596 ARLINGTON EXPRESSWAY

3. Mailing Address  
8596 ARLINGTON EXPRESSWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE A

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

Zip

Country

Zip

Country

32211

32211

4. FEI Number

Applied For

90-0005432

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, STEPHEN P ESQ  
4540 SOUTHSIDE BLVD SUITE 401  
JACKSONVILLE FL 32216

Name

COLEMAN STEPHEN P

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

8596 ARLINGTON EXPRESSWAY

SUITE A

City

JACKSONVILLE

FL

Zip Code

32211

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
COLEMAN, STEPHEN P ESQ  
STREET ADDRESS  
4540 SOUTHSIDE BLVD SUITE 401  
CITY-ST-ZIP  
JACKSONVILLE FL 32216

TITLE  
NAME  
D  
COLEMAN STEPHEN P  
STREET ADDRESS  
8596 ARLINGTON EXPRESSWAY SUITE A  
CITY-ST-ZIP  
JACKSONVILLE FL 32211

TITLE  
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)