

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90157 014 \*\*\*150.00

**DOCUMENT # P93000087359**

1. Entity Name

**COLEMAN LABORATORIES, INC.**



Principal Place of Business

**14289 COUNTRY ESTATE DR  
WINTER GARDEN FL 34787  
US**

Mailing Address

**14289 COUNTRY ESTATE DR  
WINTER GARDEN FL 34787  
US**

2. Principal Place of Business

**2111 LAKESIDE DRIVE**

3. Mailing Address

**2111 LAKESIDE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

Zip

**32803**

Country

**U.S.A.**

Zip

**32803**

Country

**U.S.A.**

4. FEI Number

**59-3215384**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, MICHAEL A.**

**14289 COUNTRY ESTATE DR  
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name **MICHAEL A. COLEMAN**

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

**2111 LAKESIDE DRIVE**

City **ORLANDO**

**FL**

Zip Code

**32803**

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

*Michael A. Coleman, President*

**1-7-2003**

Signature, typed or printed name of registered agent and title 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

TITLE	PSC	<input type="checkbox"/> Delete
NAME	COLEMAN, MICHAEL A	
STREET ADDRESS	14289 COUNTRY ESTATE DR	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATZ, BENJAMIN J	
STREET ADDRESS	11800 LAKE BUTLER BLVD	
CITY-ST-ZIP	WINDERMERE FL 34786	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2111 LAKESIDE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Michael A. Coleman*

**1-7-2003 (407) 228-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)