

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90093 015 ***150.00

DOCUMENT # P94000081110

1. Entity Name

JAMES K. COLEMAN, JR., ARCHITECT, CHARTERED

Principal Place of Business

Mailing Address

~~10231 EMERALD COAST PKWY W.~~
~~SUITE 20~~
~~DECATUR FL 32541~~
~~USA~~

35 Hinton Dr.
SEAGROVE BEACH, FL 32459

A0056416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

35 Hinton Drive

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seagrove Beach, FL

City & State

4. FEI Number

59-7092456

Applied For

Not Applicable

Zip

Country

Zip

Country

32459

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, JAMES K JR
35 HINTON DR.
SEAGROVE BEACH FL 32459

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.

SIGNATURE

James K. Coleman, Jr.
James K. Coleman, Jr.

2/1/00

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, 2000 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 **P** ☐ Delete
 NAME **COLEMAN, JAMES K. JR.**
 STREET ADDRESS **35 HINTON DR.**
 CITY-ST-ZIP **SEAGROVE BEACH FL 32459**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

James K. Coleman, Jr.
James K. Coleman, Jr.

Date

Daytime Phone #

2/1/00 850 231 9400

CF2E034 (9/99)