

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**  
 03-19-2002 90005 026 \*\*\*150.00

0080382 AV

**DOCUMENT # P94000085368**

1. Entity Name

**COAKLEY CONTRACTING, INC.**

Principal Place of Business

**2903 SANFORD AVE  
 SANFORD FL 32773**

Mailing Address

**1245 MARSH FERN RD.  
 MIMS FL 32754**

2. Principal Place of Business

**1245 MARSH FERN RD.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**MIMS, FL**

City & State

Zip

**32754**

Country

**FLORIDA**

Zip

Country

4. FEI Number

**59-3282040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**COAKLEY, JAMES T SR  
 1245 MARSH FERN RD  
 MIMS FL 32754**

7. Name and Address of New Registered Agent

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.

**NIA**

SIGNATURE

**JAMES T COAKLEY SR. JAMES T COAKLEY SR. PRESIDENT**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	COAKLEY, JAMES T SR	
STREET ADDRESS	1245 MARSH FERN RD.	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COAKLEY, JERED W	
STREET ADDRESS	10180 DRAGON FLY RUN	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	COAKLEY, JEFFREY L	
STREET ADDRESS	3804 SKYLINE ST	
CITY-ST-ZIP	DELTONA FL 32738	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 an officer, receiver or trustee empowered.

**SIGNATURE:**

**JAMES T COAKLEY SR. JAMES T COAKLEY SR PRES. 3/4/02 321-917-6406**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)