

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P96000012762**

1. Entity Name

COLEMAN'S RENTAL, INC.



03 OCT 21 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9215 NORFOLK BLVD.
Suite, Apt. #, etc.

3. Mailing Address

9215 NORFOLK BLVD.
Suite, Apt. #, etc.

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

01-29-03 90304 029 B50.00

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3459340

Applied For
Not Applicable

Zip
32208-1750

Country
DUVAL

Zip
32208-1750,

Country
DUVAL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name WILLIE B. COLEMAN

Street Address (P.O. Box Number is Not Acceptable)
9215 Norfolk Blvd.

City Jacksonville FL Zip Code 32208

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
WILLIE B. COLEMAN
9215 NORFOLK BLVD
JACKSONVILLE, FL 32208-1750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

8/10/21

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Willie B. Coleman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 27, 2003 (904)766-8367

CR2E034B (12/02)

**REUBEN H. GAINES
GAINES TAX SERVICE.
4728 MARLBROOK STREET JACKSONVILLE, FL 32208**

Phone: (904)764-3252

Fax: (904)764-2421

October 8, 2003

Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Sean Toner

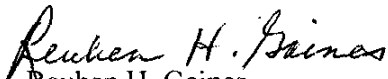
Re: Coleman's Rental, Inc.
59-3459340

Dear Mr. Toner:

This letter is in reference to a Notice of Administrative Dissolution or Revocation sent to Mr. Willie B. Coleman, Coleman's Rental, Inc. Attached is a copy of the response to your letter of February 13, 2003. This is a copy of the response that Mr. Coleman forwarded to you shortly after the letter was received. Please accept this copy and reinstate his corporation. We have corrected the spelling of his first name as the initial response had his name spelled incorrectly.

This correspondence was prepared by me and he has asked that I submit a copy on his behalf. If I can be of further assistance or if there are any questions in this matter, please feel free to contact me at 904-764-3252.

Sincerely,


Reuben H. Gaines
Gaines Tax Service