

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90707 036 ***150.00

DOCUMENT # P96000022614

1. Entity Name
COLEMANS FARM MARKET, INC.

Principal Place of Business
12940 BLUE LAKE DRIVE
WELLINGTON FL 33414

Mailing Address
12940 BLUE LAKE DRIVE
WELLINGTON FL 33414

DUPLICATE



2. Principal Place of Business
36 SEMINOLE PRATT

3. Mailing Address
15075 MICHELANGELO BLVD

Suite, Apt. #, etc.
WHITNEY ROAD

Suite, Apt. #, etc.
APT # 204

DO NOT WRITE IN THIS SPACE

City & State
LOXAHATCHEE, FLA.

City & State
DELRAY BEACH, FLA.

4. FEI Number **65-0648538**

Applied For
 Not Applicable

Zip
33470

Country
PAUM BEACH

Zip
33446

Country
PAUM BEACH

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

6. Name and Address of Current Registered Agent

COLEMAN, JONATHAN P
12940 BLUE LAKE DRIVE
WELLINGTON FL 33414

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.

SIGNATURE

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
PSD
 NAME
COLEMAN, JONATHAN P
 STREET ADDRESS
13029 MEADOWBREEZE DR
 CITY-ST-ZIP
WELLINGTON FL 33414 ☐ Delete

TITLE
VTD
 NAME
COLEMAN, GAIL S
 STREET ADDRESS
13029 MEADOWBREEZE DR
 CITY-ST-ZIP
WELLINGTON FL 33414 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition
15075 MICHELANGELO BLVD.
APT # 204, DELRAY BEACH, FLA. 33446

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

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

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

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

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

CR2E034 (9/01)

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2002 **(561) 756-4908**
 Date Daytime Phone #