

2002 UNIFORM BUSINESS REPORT (UBR)

1/2.

FILED
Feb 27, 2002 8:00 am
Secretary of State

01-23-2002 90087 042 ****45.00
 02-27-2002 90064 043 ***113.75

DOCUMENT # P96000029110

1. Entity Name
COACHMAN INVESTMENTS, INC.

Principal Place of Business Mailing Address
18835 N.W. 23RD AVENUE **18835 N.W. 23RD AVENUE**
MIAMI FL 33056 **MIAMI FL 33056**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
18835 N.W. 23rd Ave *Same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **65-0668902** Applied For
Miami, FL 33056 Not Applicable
 Zip Country Zip Country 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

BANKSTON, BETTY
18835 N.W. 23RD AVENUE
MIAMI FL 33056

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P COACHMAN, MICHELLE 18835 N.W. 23RD AVENUE MIAMI FL 33056	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	ST BANKSTON, BETTY 18835 N.W. 23RD AVENUE MIAMI FL 33056	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Betty Bankston*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 *3056248312*
 Date Daytime Phone #

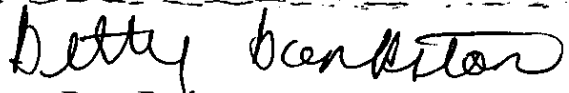
CR2034 (9/01)

Attachment # P96000029110
825307

Feb. 13, 2002

Name: Coachman Investments Inc.
Reference Number: P96000029110
EIN Number: 65-0668902

I am enclosing a money order in the amount of \$113.75 which will cover my balance of \$105.00 for my Annual Report fee and \$8.75 for "the certificate of status." I am very sorry for the partial payment but I purchased two money orders, one for my Real Estate License renewal fee of \$45.00 (see "A" copy of receipt) and the other to pay my Annual Report fee, Unfortunately I got the money orders mixed up. Thank You very much for notifying me in such a timely fashion of the underpayment. The Department of Professional Regulation has still not notified me of my over payment so I will have to write them and request it.


Betty Bankston

Attachment # P96000029110

825307

UNITED STATES POSTAL SERVICE **CUSTOMER'S RECEIPT**

KEEP THIS RECEIPT FOR YOUR RECORDS	PAY TO THE ORDER OF <i>Dept. of Bus & Prof Regulation</i>	SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION NOT NEGOTIABLE
	ADDRESS <i>P.O. Box 6300</i> <i>Tallahassee FL 32314-6300</i>	

SERIAL NUMBER 03822008387	YEAR, MONTH, DAY 2002-01-10	POST OFFICE 331691	AMOUNT \$ 150.00	CLERK 0005
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UNITED STATES POSTAL SERVICE **POSTAL MONEY ORDER**

SERIAL NUMBER 03822008387	YEAR, MONTH, DAY 2002-01-10	POST OFFICE 331691	U.S. DOLLARS AND CENTS 150.00
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AMOUNT: **ONE HUNDRED FIFTY DOLLARS & 00¢ *******

PAY TO <i>Department of Business & Professional Regulation</i>	NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS
ADDRESS <i>P.O. Box 6300</i> <i>Tallahassee FL 32314-6300</i>	FROM <i>Debra Boneston</i>
C.O.D. NO. OR USED FOR <i>License # 0426467-025</i>	CLERK 0005
	ADDRESS <i>1785 New Drive</i> <i>Miami FL 33176</i>

⑈000008002⑈

03822008387⑈

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

RENEWAL NOTICE

PART A - Please read and follow all instructions carefully. Part "B" of this form is your BPR License Renewal Notice.

Attachment # P96000029110 825307

RETURN RENEWAL TO:

SL 0426467

BANKSTON, BETTY M
18835 NW 23 AVENUE
MIAMI FL 33156

B P R
P O BOX 6300
TLH FL 32314-6300

RENEW ONLINE AT MYFLORIDA.COM USING YOUR PERSONALIZED INITIAL PIN OF 5684

18835 NW 23 AVENUE
MIAMI FL 33156

New! Renew your license online at www.MyFlorida.com. Please see the enclosed instructions.

As a licensee of the department, you are solely responsible for notifying us through our website, Customer Contact Center or in writing of your current mailing address. Service by regular mail to your last known address of record constitutes adequate and sufficient notice to you for any official communication to you except when other service is required.

The process of renewing your license by mail may take four (4) to six (6) weeks. Please allow sufficient time before calling to confirm the receipt of fees or the status of your license. You may find additional information concerning your profession at www.MyFlorida.com.

If you remain on inactive status for more than two (2) consecutive biennial licensure cycles and wish to reactivate your license, you may be required to meet certain additional reactivation criteria.

Please make checks and money orders payable to "Department of Business and Professional Regulation" or "DBPR".

DETACH RENEWAL NOTICE HERE

PART B SL 0426467 025 RENEWAL NOTICE 20 16.579
STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE

IMPORTANT: BY SUBMITTING THE APPROPRIATE RENEWAL FEES TO THE DEPARTMENT, A LICENSEE AFFIRMS COMPLIANCE WITH ALL REQUIREMENTS OR RENEWAL, INCLUDING CONTINUING EDUCATION CREDITS.

YOUR SALESPERSON LICENSE

WILL EXPIRE MARCH 31, 2002

REMIT FEE OF \$45.00

\$90.00 AFTER EXPIRATION

Please Indicate Mailing Address Change Below

Licensee's Last Name	First	Middle Initial
Street Address		
Street Address		
City	State	Zip

BANKSTON, BETTY M
18835 NW 23 AVENUE
MIAMI FL 33156