

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90159 046 ***158.75

DOCUMENT # P96000099939

1. Entity Name
COLTMAN, INC.

Principal Place of Business

Mailing Address

**4255 TAMiami TRAIL N
 NAPLES FL 34103
 US**

**5215 OLD GALLOWS WAY
 NAPLES FL 34105
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3434853

Applied For

Not Applicable

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

**D'AGOSTINO, LOUIS D
 821 FIFTH AVE., SOUTH
 STE 201
 NAPLES FL 34103**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	FRANK D'AGOSTINO	
STREET ADDRESS	5215 OLD GALLOWS WAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	P	<input type="checkbox"/> Delete
NAME	DOMENIC D'AGOSTINO	
STREET ADDRESS	5215 OLD GALLOWS WAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHN D'AGOSTINO	
STREET ADDRESS	5215 OLD GALLOWS WAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANNE D'AGOSTINO	
STREET ADDRESS	5215 OLD GALLOWS WAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARIO D'AGOSTINO	
STREET ADDRESS	750 MOORINGLINE DR APT 206	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/4/02 (941) 403 4070
 Date Daytime Phone #