

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000026160
1. Entity Name G.S. COLEMAN CONSTRUCTION, INC.

672231

DO NOT WRITE IN THIS SPACE2. Principal Place of Business
3956 N.W. 5 DRIVE.
Suite, Apt. #, etc.3. Mailing Address
3956 N.W. 5 DRIVE
Suite, Apt. #, etc.

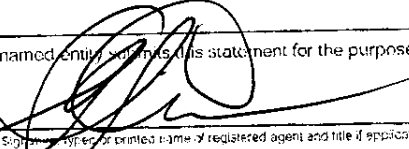
DO NOT WRITE IN THIS SPACE

City & State
DEERFIELD BCH, FL.
City & State
DEERFIELD BCH, FL.
Zip
33442 Country
USA. Zip
33442 Country
USA.4. FEI Number
65-0747225
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
GARY S. COLEMAN
Street Address (P.O. Box Number is Not Acceptable)
3956 N.W. 5 DRIVE.
DEERFIELD BCH, FL.
City
FL Zip Code
33442**DO NOT WRITE
IN THIS SPACE**

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

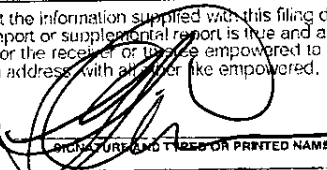
5-16-029. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$50.00
Amended UBR is \$81.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-02

Date

Daytime Phone #

954-
481-1947