May 16 02 04:31p Robert Monas

May 28, 2002 8:00 am
Secretary of State
05-28-2002 91741 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026160

1. Entity Name
G.S. COLEMAN CONSTRUCTION, INC.

672231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3956 N.W. 5 DRIVE
Suite, Apt. #, etc.
City & State
DEERFIELD BCH, FL.
Zip 33442 Country USA.

3. Mailing Address
3956 N.W. 5 DRIVE
Suite, Apt. #, etc.
City & State
DEERFIELD BCH, FL
Zip 33442 Country USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0747225 ☐ Applied For ☐ Not Applicable

5. 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] 5-16-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5-16-02 954-481-1947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #