

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90227 021 ***150.00

DOCUMENT # P98000023853

1. Entity Name
HOMER D. COULTER, INC.



Principal Place of Business
**7039 S. ALOYSIA AVE.
FLORAL CITY FL 34436**

Mailing Address
**7039 S. ALOYSIA AVE.
FLORAL CITY FL 34436**

2. Principal Place of Business

4441 W. MENASHA ST
Suite, Apt. #, etc.

3. Mailing Address

4441 W. MENASHA ST.
Suite, Apt. #, etc.

City & State

LECAUTO, FL

City & State

LECAUTO, FL

Zip

Country

34461

USA

Zip

Country

34461

USA

4. FEI Number

65-0818634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COULTER, HOMER D
7039 S. ALOYSIA AVE.
FLORAL CITY FL 34436**

7. Name and Address of New Registered Agent

Name **HOMER D. COULTER**
Street Address (P.O. Box Number is Not Acceptable)
4441 W. MENASHA ST
City **LECAUTO** FL Zip Code **34461**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Homer D. Coulter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	COULTER, HOMER D	
STREET ADDRESS	7039 S. ALOYSIA AVENUE	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	COULTER, JANET A	
STREET ADDRESS	7039 S. ALOYSIA AVENUE	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMER D. COULTER	
STREET ADDRESS	4441 W. MENASHA ST.	
CITY-ST-ZIP	LECAUTO, FL 34461	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET A COULTER	
STREET ADDRESS	4441 W. MENASHA ST.	
CITY-ST-ZIP	LECAUTO, FL 34461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Homer D. Coulter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-03 (352) 249-1114