

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000074608**

1. Entity Name

**CONTACTMAN COACHING INC.****FILED****Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90278 006 \*\*\*150.00

Principal Place of Business

**15714 GULF BLVD  
MADERIA BEACH FL 33708**

Mailing Address

**POST OFFICE BOX 2321  
PALM HARBOR FL 34682**

2. Principal Place of Business

**162 MARINA DEL RAY CT.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**CLEARWATER, FL**

City &amp; State

4. FEI Number

**59-3538665**

Applied For

Not Applicable

Zip

**33767**

Country

**USA**

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

**MARTINO, DENNIS  
1536 WILLOW BROOK DRIVE  
PALM HARBOR FL 34683**

Name

**MARTINO, DENNIS**

Street Address (P.O. Box Number is Not Acceptable)

**162 MARINA DEL RAY CT.**

City

**CLEARWATER**

FL

Zip Code

**33767**

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

**DENNIS MARTINO****1/30/01**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MARTINO, DENNIS	1536 WILLOW BROOK DRIVE	PALM HARBOR FL 34683	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

D	MARTINO, JOANN M	1536 WILLOW BROOK DRIVE	PALM HARBOR FL 34683	<input type="checkbox"/> Delete
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				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dennis Martino****1/30/01**

Date

**(727) 943-0007**

Daytime Phone #

CR2E034 (10/00)