

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90346 023 \*\*\*150.00

**DOCUMENT # P98000074608**

1. Entity Name  
**CONTACTMAN COACHING INC.**

Principal Place of Business  
**162 MARINA DELRAY COURT  
 CLEARWATER FL 33767**

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

2. Principal Place of Business  
**342 Scotland St**  
 Suite, Apt. #, etc.

3. Mailing Address  
**342 Scotland St**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Dunedin FL**  
 Zip  
**34698** County  
**PSA**

City & State  
**Dunedin FL**  
 Zip  
**34698** County  
**PSA**

4. FEI Number  
**59-3538665**

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

**MARTINO, DENNIS**  
**162 MARINA DEL RAY COURT.**  
**CLEARWATER FL 33767**

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

TITLE  
**D**  
 NAME  
**MARTINO, DENNIS**  
 STREET ADDRESS  
**1536 WILLOW BROOK DRIVE**  
 CITY-ST-ZIP  
**PALM HARBOR FL 34683**

☐ Delete

TITLE  
**D**  
 NAME  
**MARTINO, JOANN M**  
 STREET ADDRESS  
**1536 WILLOW BROOK DRIVE**  
 CITY-ST-ZIP  
**PALM HARBOR FL 34683**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

**NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/02**

**727 738 6101**

Date

Daytime Phone #

CR2E034 (9/01)