2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

P98000074608

Mailing Address

1. Entity Name

CONTACTMAN COACHING INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90140 044 ***150.00

2000200

362 SCOTLAND ST DUNEDIN FL 34698		362 SCOTLAND ST DUNEDIN FL 34698		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3538665 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	lI Registered Agent		7. Name and Address of New Registered Agent
MARTINO, DENNIS 162 MARINA DEL RAY COURT CLEARWATER FL 33767			Name Street Address Street Address Gity	SS (P.O. Box Number is Not Acceptable) OHAMA J. II FL ZipCody, OS
8. The above named entity supmits 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 Signifure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				
10.	OFFICERS AND		T 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINO, DENNIS 1538 WILLOW BROOK DRIVE PALM HARBOR FL 34683	☐ Delete	TITLE	Delage Addition 2 Maria Del Pay Court 1 10 X Water F L 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINO, JOANN M 1536 WILLOW BROOK DRIVE PALM HARBOR FL 34683	☐ Delete	TITLE	De Change Addition 102 Marina Del Ray Court 11 Del Water FL 3376 7
TITLE NAME STREET ADDRESS CITY-ST-ZIP) = with =	Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
TITLE Name Street address City-ST-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ritle Name Street address City-St-Zip		. 🗀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 eath; that I am an officer or director of the corporation or the receiver or my stee 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 Andrews, with all other like empowered.

SIGNATURE