02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 NOV 18 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083482

1. Entity Name
THE COORDINATOR, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
947 Josiane Ct.	P.O. Box 540556
Suite, Apt. #, etc.: 1004	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State: Orlando, FL
Zip: 32701 Country: USA	Zip: 32854 Country: USA

4. FEI Number: 593536170 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Tim Webber

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

108 Woodwill Road

City: Longwood FL Zip Code: 32779

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] Tim Webber 9-6-02
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	(P) Tim Webber 108 Woodwill Road Longwood, Florida 32779
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CR2E034B (12/01)

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] Tim Webber 9-6-02 407-649-9190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

McLEOD, McLEOD & McLEOD, P.A.
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48 East Main Street
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Facsimile: (407)886-0087

November 15, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: THE COORDINATOR, INC.
Document #P98000083482

To Whom It May Concern:

Enclosed herewith please find check #7415 in the amount of $150.00 for the Uniform Business Report Filing for 2002. Please be advised that the Uniform Business Report was not received by my client this year and this is the reason for the late filing.

If you have any questions or concerns, please contact me at your convenience. Thank you for your assistance.

Sincerely,

Charlie S. Martin

Attachment (1)
RAM/csm
c: Tim Webber