

**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

2. Principal Place of Business 947 Josiane Ct.		3. Mailing Address 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

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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 	Tim Webber	9-6-02
Signature, typed or printed name of registered agent and title if applicable		DATE
(NOTE: Registered Agent signature required when re-electing)		

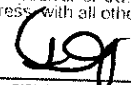
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) Tim Webber 108 Woodwill Road Longwood, Florida 32779
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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 on an attachment with an address with all other like empowered.

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

CR2E034B (12/01)

McLEOD, McLEOD & McLEOD, P.A.

Attorneys and Counselors at Law

Post Office Drawer 950

Apopka, Florida 32704-0950

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Johnie A. McLeod
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William J. McLeod
Charlie S. Martin

48 East Main Street
Telephone: (407) 886-3300
Facsimile: (407) 886-0087

November 15, 2002

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

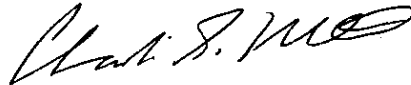
Re: THE COORDINATOR, INC.
Document #P98000083482

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