2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90431 041 ***150.00

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DOCUMENT # P98000083482

1. Entity Name
THE COORDINATOR, INC.

Principal Place of Business	Mailing Address
947 JOSIANE CT 1004 ALTAMONTE SPRINGS FL 32701 FL — 251 Pineda Dr # 141 Longwood FL 32750	PO BOX 540556 ORLANDO FL 32854

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
251 Pineda Drive	P.O Box 540556
Suite, Apt. #, etc.: 141	Suite, Apt. #, etc.:
City & State: Longwood FL	City & State: Orlado FL
Zip: 32750 / Country: Seminole	Zip: 32854 / Country: Orange

4. FEI Number 59-3536170 ☐ 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
WEBER, TIMOTHY 108 WOODWILL ROAD LONGWOOD FL 32779	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBBER, TIMOTHY 108 WOODWILL ROAD LONGWOOD FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4.16.2003 407 649 9190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #