

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108226

1. Entity Name

COLEMAN BROS., INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90160 030 ***158.75

Principal Place of Business

Mailing Address

8 WAYNELL CIRCLE, S.E.
FT. WALTON BEACH FL 32548

8 WAYNELL CIRCLE, S.E.
FT. WALTON BEACH FL 32548-5076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8 MARY ESTHER DRIVE

3. Mailing Address

127 TEXAS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARY ESTHER FL

City & State

FORT WALTON BEACH, FL.

4. FEI Number

59-3551690

Applied For

Not Applicable

Zip

32569

Country

OKALOOSA

Zip

32548

Country

OKALOOSA

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

STUECKEN, LARRY D
P.O. BOX 5186
DESTIN FL 32540

Name

STEVEN W. COLEMAN

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

127 TEXAS ST.

City

FORT WALTON BEACH

FL

Zip Code

32548

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.

STEVEN W. COLEMAN PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

5-1-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME COLEMAN, STEVEN W
STREET ADDRESS 8 WAYNELL CIR. -SE
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE P ☒ Change ☐ Addition
NAME COLEMAN, STEVEN W.
STREET ADDRESS 127 TEXAS ST.
CITY-ST-ZIP FORT WALTON BEACH FL. 32548

TITLE VP ☐ Delete
NAME COLEMAN, BRUCE A
STREET ADDRESS 8 MARY ESTHER DR.
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN W. COLEMAN, PRESIDENT

Date

5-1-00

Daytime Phone #

850-244-7197

CR2E034 (9/99)