

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90002 009 ***150.00

DOCUMENT #

P99000023402

1. Entity Name

E. Coleman Cabinetry Corporation ✓

DO NOT WRITE IN THIS SPACE

824580

2. Principal Place of Business

199 NW 28 St #13

Suite, Apt. #, etc.

3. Mailing Address

199 NW 28 St #13

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0910059

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Susan Coleman

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

199 NW 28 St #13

City

Boca Raton

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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

Susan Coleman

Susan Coleman

1/25/02

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: PT
NAME: Susan Coleman
STREET ADDRESS: 199 NW 28 St #13 Boca Raton FL
CITY-ST-ZIP: 33431

TITLE: PT
NAME: Susan Coleman
STREET ADDRESS: 199 NW 28 St #13 Boca Raton FL
CITY-ST-ZIP: 33431

TITLE: VS
NAME: Edward Coleman
STREET ADDRESS: 199 NW 28 St #13 Boca Raton FL
CITY-ST-ZIP: 33431

TITLE: VS
NAME: Edward Coleman
STREET ADDRESS: 199 NW 28 St #13 Boca Raton FL
CITY-ST-ZIP: 33431

**DO NOT WRITE
IN THIS SPACE**

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:

Susan Coleman

Susan Coleman

1/25/02

56)

394-6249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)