

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90131 048 ***150.00

DOCUMENT # P99000051805

1. Entity Name
COULTER'S DELIGHT, INC.

Principal Place of Business
12927 SOUTHWEST KINGS ROW
ARCADIA FL 34266

Mailing Address
12927 SOUTHWEST KINGS ROW
ARCADIA FL 34266

2. Principal Place of Business
909-C Kings Highway
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State

4. FEI Number
65-0936557

Applied For
☐ **Not Applicable**

Zip
33980

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

COULTER, JAMES R
12927 SOUTHWEST KINGS ROW
ARCADIA FL 34266

7. Name and Address of New Registered Agent

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.

SIGNATURE *James R. Coulter*

(NOTE: Registered Agent signature required when reinstating)

DATE *4/14/02*

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **COULTER, JAMES R**
STREET ADDRESS **12927 SOUTHWEST KINGS ROW**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **D** ☐ **Delete**
NAME **COULTER, GAIL L**
STREET ADDRESS **12927 SOUTHWEST KINGS ROW**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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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:

James R. Coulter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
Date

941-743-8665
Daytime Phone #

05030314 AT

CR2E034 (9/01)