

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052973

1. Entity Name
L.D. COLEMAN, D.D.S., P.A.

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90046 001 ***150.00

Principal Place of Business
697 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

Mailing Address
697 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3582902

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARNOLD, MATHENY & EAGAN, P.A.
801 N MAGNOLIA AVENUE SUITE 201
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name L.D. COLEMAN, D.D.S.

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

City ALTAMONTE SPRINGS FL Zip Code 32714

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 L.D. COLEMAN D.D.S. *[Signature]* 3/7/02
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) ☐

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME COLEMAN, L.D.
STREET ADDRESS 697 DOUGLAS AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE S
NAME COLEMAN, ELAINE
STREET ADDRESS 2710 MERRIE OAKS RD
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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]* L.D. Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02 (407) 862-4900
Date Daytime Phone #

CR2E034 (9/01)