

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063422

1. Entity Name  
**BARRISTERS LAW & TITLE CORPORATION**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90105 034 \*\*\*150.00

Principal Place of Business

1245 CT. ST., SUITE 104  
CLEARWATER FL 33756

Mailing Address

1245 CT. ST., SUITE 104  
CLEARWATER FL 33756

2. Principal Place of Business

166 Hwy A1A N.

3. Mailing Address

166 Hwy A1A N.

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

PONTE VEDRA BCH., FL

City & State

PONTE VEDRA BCH., FL

Zip

32082

Country

ST. JAMES

Zip

32082

Country

ST. JAMES

4. FEI Number **59-3587325**

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

COLEMAN, STEVE

1245 CT. ST., SUITE 104  
CLEARWATER FL 33756

Name

COLEMAN, STEVE

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

166 Hwy A1A N

SUITE 100

City

PONTE VEDRA BCH

FL

Zip Code

32082

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]* STEVE COLEMAN

4/23/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	COLEMAN, STEVE	
STREET ADDRESS	1245 CT. ST., SUITE 104	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR & PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, STEVE	
STREET ADDRESS	(same as above)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4/23/01 (904) 528-9074

CR2E034 (10/00)