

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90226 023 ***150.00

DOCUMENT # P99000063422

1. Entity Name
BARRISTERS LAW & TITLE CORPORATION

Principal Place of Business
 166 HWY AIA N.
 SUITE 100
 PONTE VEDRA BEACH FL 32082

Mailing Address
 166 HWY AIA N.
 SUITE 100
 PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

4540 Southside Blvd.

Suite, Apt. #, etc.

Suite 401

City & State
 Jacksonville

Zip
 32216

Country

3. Mailing Address

← SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
 59-3587325

Applied For
 Not Applicable

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

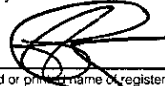
6. Name and Address of Current Registered Agent

COLEMAN, STEVE
 166 HWY AIA N.
 SUITE 100
 PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name
 STEVE COLEMAN
 Street Address (P.O. Box Number is Not Acceptable)
 4540 Southside Blvd.
 Suite 401
 City Jacksonville FL Zip Code 32216

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  STEVE COLEMAN
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
 4/30/02

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

11. OFFICERS AND DIRECTORS

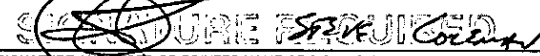
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLEMAN, STEVE 1245 CT. ST., SUITE 104 CLEARWATER FL 33756	☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4540 Southside Blvd. Suite 401, Jacksonville 32216	☒ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 904-998-7844

CR2E034 (9/01)