

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90401 032 ***158.75

DOCUMENT # P99000069867

1. Entity Name
WILLIAM J. COLEMAN & ASSOCIATES, INC.

Principal Place of Business
597 MAIN ST
DUNEDIN FL 34698

Mailing Address
538-B WILKIE STREET
DUNEDIN FL 34698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3605 ALT. 19 NORTH
 Suite, Apt. #, etc.

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

City & State
PALM HARBOR, FL.

City & State

4. FEI Number **59-3588786**

Applied For
 Not Applicable

Zip
34683

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

COLEMAN, WILLIAM
538 - B WILKE ST
DUNEDIN FL 34698

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D COLEMAN, WILLIAM J**
STREET ADDRESS **538-B WILKIE STREET**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete
NAME **D COLEMAN, PATRICIA B**
STREET ADDRESS **538-B WILKIE STREET**
CITY-ST-ZIP **DUNEDIN FL 34698**

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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STREET ADDRESS _____
CITY-ST-ZIP _____

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NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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 reports 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 *William Coleman* **WILLIAM COLEMAN**

4-8-02 **727-733-1774**
 Date Daytime Phone #

CR2E034 (9/01)