

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90970 027 ***150.00

DOCUMENT # P99000086895

1. Entity Name
J AND D PROPERTIES OF OKALOOSA COUNTY, INC.



Principal Place of Business
**2718 SHOREVIEW CT.
NAVARRE FL 32566**

Mailing Address
**2718 SHOREVIEW CT.
NAVARRE FL 32566**

2. Principal Place of Business

7165 BLUE JACK DR.

3. Mailing Address

7165 BLUE JACK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAVARRE, FL

City & State

NAVARRE, FL

Zip

32566

Country

USA

Zip

32566

Country

USA

6. Name and Address of Current Registered Agent

**COLEMAN, JAMES M
2718 SHOREVIEW CT.
NAVARRE FL 32566**

7. Name and Address of New Registered Agent

Name
JAMES M. COLEMAN

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

7165 BLUE JACK DR.

City
NAVARRE

FL

Zip Code

32566

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAMES COLEMAN PRESIDENT 2-26-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLEMAN, JAMES M
2718 SHOREVIEW CT.
NAVARRE FL 32566** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLEMAN, DOLORES
2718 SHOREVIEW CT.
NAVARRE FL 32566** ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JAMES M COLEMAN
7165 BLUE JACK DR.
NAVARRE, FL 32566** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/T/S
DOLORES COLEMAN
7165 BLUE JACK DR.
NAVARRE, FL 32566** ☒ 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOLORES COLEMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-03

(850) 936-1600

CR2E034 (10/02)