

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S24392

1. Entity Name

W.J. COLEMAN & ASSOCIATES, INC.

FILED

00 AUG -4 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

11501 NW 24TH ST.  
PLANTATION FL 33323

Mailing Address

11501 NW 24TH ST.  
PLANTATION FL 33323

2. Principal Place of Business

3. Mailing Address

P.O. Box 267396

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL

4. FEI Number

65-0257242

Applied For

Not Applicable

Zip

Country

33326

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, ARISA H  
11501 NW 24TH ST.  
PLANTATION FL 33323

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
COLEMAN, WILLIAM J  
11501 NW 24TH ST.  
PLANTATION FL 33323

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300003384623--6  
-09/07/00--01004--014  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
COLEMAN, ARISA H  
11501 NW 24TH ST.  
PLANTATION FL 33323

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ 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

7/5/00

384-5805

Date

Daytime Phone #

1001 ECH 5/00

2052

*W. J. Coleman & Associates, Inc.*  
*Transport Brokers, Consultants & Surveyors*

July 5, 2000

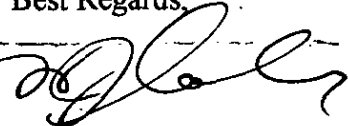
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find our companies 2000 UBR. We received a second notice requesting this form. We called your department when the second notice was received to inquire about the first forms we submitted. Please see enclosed copy of this form and copy of the original check. We spoke to a gentlemen in your reinstatement department he informed me you did not receive the original forms we submitted. We did mail the original forms to you on March 11, 2000. The gentleman told me sometimes paperwork gets misplaced or what have you. He suggested I write to you and ask that the increased fee amount be waived so that we pay the original amount of \$150.00 since the originals were mailed in enough time for you to receive them by the cut off date of May 1, 2000.

Thank you for your assistance.

Best Regards,



William J. Coleman