

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14763

1. Entity Name
COHERENT DATA SYSTEMS, INC.

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90028 014 ***150.00

OFFEROR AV

Principal Place of Business
2400 MOCKINGBIRD AVENUE
ST. CLOUD FL 34771

Mailing Address
2400 MOCKINGBIRD AVENUE
ST. CLOUD FL 34771

80046587



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3108057

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RICHMOND, JULIA A.
2400 MOCKINGBIRD AVENUE
ST. CLOUD FL 34771

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 *Julia A. Richmond*

1-7-02

Signature and/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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST	TITLE	
NAME	RICHMOND, JULIA A	NAME	
STREET ADDRESS	2400 MOCKINGBIRD AVE	STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	CITY-ST-ZIP	
TITLE	VPS	TITLE	
NAME	RICHMOND, MICHAEL J	NAME	
STREET ADDRESS	2400 MOCKINGBIRD AVE	STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Julia A. Richmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIA A. RICHMOND

Date

1-7-02 (407) 892-0096

Daytime Phone #

CR2E034 (9/01)