

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V68170

1. Entity Name

COALSON CONTRACTORS, INC.

Principal Place of Business

524 FIST ST N  
JACKSONVILLE BCH FL 32250  
US

Mailing Address

524 FIRST ST N  
JAX BCH FL 32250  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3161407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COALSON, PETER B  
1614 COQUINA PL  
ATLANTIC BCH FL 32233

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

DO NOT SIGN HERE  
PLEASE SIGN BELOW

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, 2001 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 DP  
NAME COALSON, PETER  
STREET ADDRESS 1614 COQUINA PL  
CITY-ST-ZIP ATLANTIC BCH FL 32233 ☐ Delete

TITLE DVP  
NAME BORNHAUSER, THOMAS A  
STREET ADDRESS 7698 HOLLYRIDGE CIRCLE  
CITY-ST-ZIP JAX FL 32256 ☐ Delete

TITLE DS  
NAME VALDES, ALBERTO  
STREET ADDRESS 1010 23RD ST N  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 TREASURER  
NAME GODWIN, CHARLES  
STREET ADDRESS 4995 PINE CONE COURT  
CITY-ST-ZIP JACKSONVILLE, FL 32210 ☐ 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 #

CR2E034 (10/00)

002107

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90272 043 \*\*\*150.00

818557



DO NOT WRITE IN THIS SPACE