

Dear Pat

Thank you so much
for all your help.

Sincerely, Sylvia Coleman

1824

AQUATEL RESORT
1220 MILL CREEK RD
BRADENTON, FL 34202

63 761 631

PAY TO THE
ORDER OF

Florida Dept of State 3-11-96

\$ 50 ¹⁰⁰/₁₀₀

Fifty

50



069 007
4362 Manatee Avenue East
Bradenton, Florida 34208

Sylvia C Coleman

FOR

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

- AQUATEL RESORT
Fictitious Name to be Registered
- 1220 MILL CREEK ROAD
Mailing Address of Business
- City BRADENTON, Florida 34202
Zip Code
- Florida County MANATEE
- FEI Number: _____

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>COLEMAN MICHAEL P.</u>
Last First M.I.
<u>1220 MILL CREEK RD</u>
Address
<u>BRADENTON FL 34202</u>
City State Zip Code
SS# <u>123-36-7026</u> | 2. <u>COLEMAN SYLVIA C.</u>
Last First M.I.
<u>1220 MILL CREEK RD</u>
Address
<u>BRADENTON FL 34202</u>
City State Zip Code
SS# <u>073-46-2752</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Entity Name _____
Address _____
City State Zip Code _____
Florida Registration Number _____
FEI Number: _____
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable | 2. Entity Name _____
Address _____
City State Zip Code _____
Florida Registration Number _____
FEI Number: _____
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

<u>Michael P Coleman</u> Signature of Owner Date _____ Phone Number: <u>941 746 6884</u>	<u>Sylvia C Coleman</u> Signature of Owner Date _____ Phone Number: <u>941 746 6884</u>
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FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner _____ Date _____ Signature of Owner _____ Date _____