

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90200 040 \*\*\*150.00

**DOCUMENT # 465418**  
 1. Entity Name  
**CORAL PAINT AND WALLPAPER, INC.**

Principal Place of Business      Mailing Address  
**3877 SOUTH TUTTLE**                      **3877 SOUTH TUTTLE**  
**SARASOTA FL 34239**                      **SARASOTA FL 34239**

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      Applied For  
**59-1563562**                      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**WASILEWSKI, KATHERINE**  
**1528 SHADOW RIDGE CIR**  
**SARASOTA FL 34240**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>WASILEWSKI, KRISTINE</b>
STREET ADDRESS	<b>2626 ESPANOLA AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>PT</b> <input type="checkbox"/> Delete
NAME	<b>WASILEWSKI, KATHERINE</b>
STREET ADDRESS	<b>1528 SHADOW RIDGE CIR.</b>
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>WASILEWSKI, KRISTINE</b>
STREET ADDRESS	<b>2626 ESPANOLA AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** Kristine Wasilewski      4-16-02      941-904-0087  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)