2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90159 016 ***150.00

DOCUMENT # F93000000210

1. Entity Name

CORIN USA LIMITED, INC.

Principal Place of Business	Mailing Address
THE CORINIUM CENTRE CIRENCHESTER. GLOUCESTERSHIRE GL7 1YJ ENGLAND	10500 UNIVERSITY CTR. DRIVE SUITE 190 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

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 59-3340933 ☐ Applied For ☐ Not Applicable

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
GRAINGER, ALAN 10500 UNIVERSITY CENTER DRIVE SUITE 190 TAMPA FL 33612	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 $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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GIBSON, PETER WILLESLEY HOUSE, WILLESLEY NR MALMESBURY WILTSSHIRE, UNITED KINGDOM	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD PALING, IAN CYCLAMEN LODGE-PRIVATE RD, RODBOROUGH COMM STROUD,GLOUCESTERSHIRE UK	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARTLEY, SIMON WELLSWOOD HOUSE, 8 BATTLEDOWN-CHELTENHAM GLOUCESTERSHIRE, UK	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FC GRAINER, ALAN 8 PRIORY TERRACE, CHELTENHAM GLOUCESTERSHIRE UK	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 #

Attachment
000F93000000210

412685

CORIN U.S.A.

10500 UNIVERSITY CENTRE DRIVE
SUITE 190
TAMPA, FLORIDA 33612
FAX: 813/979-0042
TEL: 813/977-4469

REMITTANCE ADVICE

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILING
PO BOX 1500
TALLAHASSEE, FL
32302

Account No: FLOD1

Date: 01/31/02

Page No: 1

Cheque 5069 for 150.00

DATE	TYPE	REFERENCE	DEBIT	CREDIT
01/30/02	Payment	5069	150.00	
01/30/02	Invoice	UNFRMBSRPT		150.00