

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90050 013 ***150.00

DOCUMENT # F97000002463

1. Entity Name
WEKIVA SQUARE / CORO, INC.



Principal Place of Business
**3312 PIEDMONT ROAD
SUITE #315-400
ATLANTA GA 30305-1713
US**

Mailing Address
**3312 PIEDMONT ROAD
SUITE #315-400
ATLANTA GA 30305-1713
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-1503430**

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

**YERGLE, JON
215 N. EOLA DR.
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HERZ, JOACHIM	400
STREET ADDRESS	3312 PIEDMONT ROAD SUITE #315	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEARLBERG, PATTI L	
STREET ADDRESS	3312 PIEDMONT ROAD, STE 400	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HERZ, PETRA	400
STREET ADDRESS	3312 PIEDMONT ROAD SUITE #315	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUNDEEN, JOHN W I	400
STREET ADDRESS	3312 PIEDMONT ROAD SUITE #315	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03
Date

404-896-4001
Daytime Phone #

CR2E034 (10/02)