

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90266 023 ***150.00

DOCUMENT # G93544

1. Entity Name
CORONADO TRAVEL, INC.

Principal Place of Business
102-6 FAULKNER ST.
NEW SMYRNA BEACH FL 32168

Mailing Address
104 FAULKNER ST.
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business
104-106 FAULKNER ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2386767**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, WILLIAM L., JR.
221 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSS, WILLIAM L JR	
STREET ADDRESS	221 N. CAUSEWAY	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELLIS, MARY E	
STREET ADDRESS	816 PINE SHORES CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMSON, CAROL C	
STREET ADDRESS	830 SAWGRASS LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILLIAMSON, JOHN T	
STREET ADDRESS	830 SAWGRASS LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Carol C. Williamson **CAROL C. WILLIAMSON**

Date

Daytime Phone #

386-427-0631

CR2E034 (9/01)