


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90068 045 ***150.00

CR18919 AV

DOCUMENT # G93544			
1. Entity Name CORONADO TRAVEL, INC.			
Principal Place of Business 104-106 FAULKNER STREET NEW SMYRNA BEACH FL 32168		Mailing Address 104 FAULKNER ST. NEW SMYRNA BEACH FL 32168	
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 59-2386767		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, WILLIAM L, JR. 221 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169		7. Name and Address of New Registered Agent Name CAROL C. WILLIAMSON Street Address (P.O. Box Number is Not Acceptable) 104 FAULKNER STREET City NEW SMYRNA BEACH FL Zip Code 32168	

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 *Carol C. Williamson* **CAROL C. WILLIAMSON PRES 4/07/03**
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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSS, WILLIAM L JR		NAME	
STREET ADDRESS 221 N. CAUSEWAY		STREET ADDRESS	
CITY-ST-ZIP NEW SMYRNA BCH. FL 32169		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIS, MARY E		NAME	
STREET ADDRESS 816 PINE SHORES CIRCLE		STREET ADDRESS	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMSON, CAROL C		NAME	P/T CAROL C. WILLIAMSON
STREET ADDRESS 830 SAWGRASS LANE		STREET ADDRESS	104 FAULKNER STREET
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMSON, JOHN T		NAME	V/S JOHN T. WILLIAMSON
STREET ADDRESS 830 SAWGRASS LANE		STREET ADDRESS	830 SAWGRASS LANE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Carol C. Williamson* **CAROL C. WILLIAMSON 4/7/03 386-427-0631**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)