2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 533610

Entity Name: CORAL FARMS, INC.

ROMANKO, LÓRNE W,

109 W SAFFEL AVE

SYCAMORE OH,

Name:

Address:

City-St-Zip:

FILED Feb 25, 2002 8:00 AM Secretary of State

Entity Name: CORAL FARMS, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 43 SYCAMOR	8 E, OH 44882	2			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 43 SYCAMOR	8 E, OH 44882	2			
FEI Number:	31-0915193	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MOORE, DOUGLAS 1 12094 NEW BERLIN RD JAX, FL 32226				SPENCER, MICHAEL 821 CORAL FARMS ROAD FLORAHOME, FL 32140	
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E: MICHAE	L SPENCER		02/25/2002	
	Electro	nic Signature of Registered Agen	ıt	Date	
		o satisfy its Intangible Tax filing requi ng Trust Fund Contribution ().	rement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (COPPUS, DUA TOWNSHIP R FOSTORIA OH	D. 118	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BURNS, JAME	CA COUNTY RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	ST () Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LORNE W. ROMANKO ST 02/25/2002