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2002 UNIFORM BUSINESS REPORT (UBR)

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Feb 03, 2002 8:00 am Secretary of State DOCUMENT # F94000000021 1. Entity Name CORONA CONSTRUCTION COMPANY, INC. 02-03-2002 90017 041 ***150.00 Principal Place of Business Mailing Address 3210 BELT LINE ROAD 3210 BELT LINE ROAD **SUITE 140 SUITE 140** DALLAS TX 75234 DALLAS TX 75234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2509450 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRASSER, PAUL R Street Address (P.O. Box Number is Not Acceptable) 8875 HIDDEN RIVER PARKWAY **STE 300 TAMPA FL 33637** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE TITLE ☐ Delete Change ☐ Addition NAME GREENWALD, MICHAEL R NAME STREET ADDRESS 3210 BELTLINE RD, #140 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75234 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME RALPH, DOUGLAS A STREET ADDRESS STREET ADDRESS 3210 BELTLINE RD #140 CITY-ST-ZIP CITY-ST-7IP DALLAS TX 75234 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROCHE, CHRISTINE M NAME STREET ADDRESS 3210 BELT LINE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TE TITLE 1100 ☐ Delete TITLE ☐ Change Addition 941.00 8880.78 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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