

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

CR18619 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

4. FEI Number **59-2386767**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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 **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
NAME	ROSS, WILLIAM L JR	
STREET ADDRESS	221 N. CAUSEWAY	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	
TITLE	S	<input checked="" 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL C. WILLIAMSON	
STREET ADDRESS	104 FAULKNER STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN T. WILLIAMSON	
STREET ADDRESS	830 SAWGRASS LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *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)