

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90420 004 ***150.00

0046521 AV

DOCUMENT # J89135

1. Entity Name
FLORIDA RESEARCHERS UNLIMITED, INC.



Principal Place of Business
**3105 TIPPERARY DRIVE
TALLAHASSEE FL 32308**

Mailing Address
**3105 TIPPERARY DRIVE
TALLAHASSEE FL 32308**

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 **59-2861041**

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

**KORALIS, CAROL C.
3105 TIPPERARY DRIVE
TALLAHASSEE FL 32308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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	PS	<input type="checkbox"/> Delete
NAME	KORALIS, CAROL C.	
STREET ADDRESS	3105 TIPPERARY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KORALIS, NICHOLAS C.	
STREET ADDRESS	3105 TIPPERARY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KORALIS, ANNA M.	
STREET ADDRESS	3105 TIPPERARY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANGAS, CHRISTINA	
STREET ADDRESS	370 OAKLEY DRIVE, #924	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMSEY, JOHANA	
STREET ADDRESS	1010 ANTIETAM RD	
CITY-ST-ZIP	HUNTSVILLE AL 35803	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDING, SANDRA	
STREET ADDRESS	123 NAVAHO TRAIL	
CITY-ST-ZIP	HUNTSVILLE AL 35806	

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	<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	<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:

Nicholas C. Koralis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-03

850-668-2264

Date

Daytime Phone #

CR2E034 (10/02)