2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K01851 **DOCUMENT #**

1. Entity Name

CORÁL SHORES COMMERCIAL CENTER, INC.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90191 019 ***158.75

			, -						
Principal Place of Business 90130 OLD HIGHWAY BOX 10 ISLAMORADA FL 33070			Mailing Address P.O. BOX 848 TAVERNIER FL 33070						
2 Principal	I Plans of Quali	· · · · · · · · · · · · · · · · · · ·							
2. Principal Place of Business			3. Mailing Address				ı ınuşulıy eli adını bibat falet 4110† 1401 818	16 MIRIT BLUIT MID.	fi minit nidit (mit
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. F	El Number 65-0103935		Applied For
Zip . Country			Zip Country		ntry	5 . C	ertificate of Status Desired	\$8.75 A	Not Applicable
· ·	6. Name	and Address of Current	Registered Agent * ~~		a man laws a man	7. · N	ame and Address of New Registere	Fee Requi	rea
ERING I	106EDH 1 15	S			Name				
FRINS, JOSEPH J JR 135 N. AIRPORT RD			Street Address		P.O. Box Number is Not Acceptable)				
	IER FL 3307(~⊱ 1	.•						
*****	E111 E 30071	,	*	$\overline{}$					·
					City		F	Zip Co	ode
8. The above	e named entity ations of regist	submits this statement fo	the purpose of changing it	ts register	ed office or registere	ed age	nt, or both, in the State of Florida. I ar	n familiar with	n, and accept
- 400		France d			,		/./->		
SIGNATURE	Signature, typed	or printed name of registered agent	ng title it/applicable. (NC	TF: Registere	d Agent signature required s		1/4/03		
\$ 1 S	EII È XOMI	! FEE IS \$150.00	,		o Januardia radinsea r	wnen rein:	stating / DATE		
Afte	er May 1, 200	3 Fee will be \$550.00					9. Election Campaign Financing	\$5.	00 Мау Ве
Make Chec	k Payable to	Florida Department of	State			}	Trust Fund Contribution.	☐ Adde	ed to Fees
10.	DD	OFFICERS AND I	DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 11
TITLE NAME	PD FRINS, JOSEPH J JR ESS 135 N AIRPORT RD		☐ Delete		TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
STREET ADDRESS									
CITY-ST-ZIP	TAVERNIE	RFL		1	CITY-ST-ZIP				
TITLE	VD SEVERINGHAUS, GERALD J P O BOX 318 KEENESBERG CO		☐ Delete	TITLE	TITLE			Change	☐ Addition
NAME Street address				NAME	1			L., onling	
CITY-ST-ZIP				1	ET ADDRESS				
TITLE	TD		☐ Dalata	CITY-ST-ZIP Delete TITLE					
NAME	PINDER, HENRY D 141 N AIRPORT RD		— Detete		**************************************		المستعاد والمستعلق والمستقلمات العالم	Change	☐ Addition
STREET ADDRESS				STREE	T ADDRESS		10.1		
CITY-ST-ZIP		(FL		CITY-	ST-ZIP				
TITLE NAME	SD BICHARDS	ON JOHN H	Delete	TITLE				☐ Change	Addition
TREET ADDRESS	RICHARDSON, JOHN H 116 PLANTATION BLVD			NAME STREE	T ADDRESS				
CITY-ST-ZIP	ISLAMORAI	DA FL 33036		CITY-S					
ITLE			□ Delete	TITLE				☐ Change	Addition
IAME Treet address				NAME				change	
TY-ST-ZIP				STREET CITY S	T ADDRESS				ĺ
ITLE			☐ Delete	-	51-217				
AME			□ Detete	TITLE NAME				☐ Change	Addition
TREET ADDRESS					ADDRESS				
ITY-ST-ZIP				CITY-S					1
indicated	ertify that the i	ntormation supplied with the or supplemental report is tr	nis filing does not qualify for tue and accurate and that m	the exem	ption stated in Secti	ion 119	.07(3)(i), Florida Statutes. I further ce	tify that the in	nformation
of the corp changed,	oration or the or on an attacl	receiver or trustee empow hment with an address	e ed to execute this regist h all other like empowered	as equire	d by Chapter 607, F	lorida	.07(3)(i), Florida Statutes. I further ce al effect as if made under oath; that I Statutes; and that my name appears i	am an officer n Block 10 or	or director Block 11 if

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #