

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K12881**

1. Entity Name

**CORON, INC.****FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90062 013 \*\*\*150.00

Principal Place of Business

10925 S.E. U.S. 1  
HOBE SOUND FL 33455

Mailing Address

10925 S.E. U.S. 1  
HOBE SOUND FL 33455-5006

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-2868450**

Applied For

Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LENARD, RONALD JOHN**  
**4024 SE JEFFERSON ST**  
**STUART FL 34997**

7. Name and Address of New Registered Agent

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.

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 Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ DeleteNAME **LENARD, RONALD JOHN**  
STREET ADDRESS **4024 SE JEFFERSON ST.**  
CITY-ST-ZIP **STUART FL**TITLE **VTS** ☐ DeleteNAME **LENARD, CORLEEN ANN**  
STREET ADDRESS **4024 SE JEFFERSON ST.**  
CITY-ST-ZIP **STUART FL**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditNAME  
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STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Corleen Ann Lenard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corleen Ann Lenard

1/18/2000 561-546-4010  
Date Daytime Phone #