FILED Jan 30, 2003 8:00 am **Secretary of State**

01-30-2003 90119 001 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

L40725 **DOCUMENT #**

1. Entity Name CORAL CONTRACTING, CORP.

Principal Place of Business 1472 SE 12 AVE DEERFIELD BEACH FL 33441		Mailing Address 1472 SE 12 AVE DEERFIELD BEACH FL 33441				20012000			
2. Principal Place of Business		3. Mailing Address				C herindiy dil diril orliy lerin 1980, dili biril rirli		All OTALI LABI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	4. FEI Number 65-0169110 Applied For Not Applicable			
Zip	Country	Zip	· 1	ountry	5. (8.75 Add		
	6. Name and Address of Current	Registered Agent	7. Name and Address of New Registered Agent						
				Name ,					
	SON, STEPHEN D	Street Addres			ress (P.O. B	ss (P.O. Box Number is Not Acceptable)			
1472 SE						<u> </u>			
DEERFIEL	D BEACH FL 33441								
				City		FL	Zip Code	9	
8. The above	e named entity submits this statement for	or the purpose of char	ging its regis	tered office or re	egistered ag	ent, or both, in the State of Florida. I am far	niliar with,	and accept	
the obligations of registered agent.									
SIGNATURE Signature typed of 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.		0 May Be to Fees	
10.	OFFICERS AND			AD	L DDITIONS/CHANGES TO OFFICERS AND D	IRECTORS	SIN 11		
TITLE	DP	☐ Dele		TITLE			Change	Addition	
NAME	SANDERSON, STEPHEN D			NAME		-			
STREET ADDRESS	1472 SE 12 AVE			STREET ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		[]	CITY-ST-ZIP					
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CITY-ST-ZIP				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: