

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002224

1. Entity Name

ATAYAL, INC.

Principal Place of Business

5525 SHASTA DR.
ORLANDO FL 32810

Mailing Address

5525 SHASTA DR.
ORLANDO FL 32810

2. Principal Place of Business

5703 Red Bug Lake Rd

3. Mailing Address

5703 Red Bug Lake Rd.

Suite, Apt. #, etc.

#138

Suite, Apt. #, etc.

#138

City & State

Winter Springs FL

City & State

Winter Springs FL

Zip

32708

Country

USA

Zip

32708

Country

USA

6. Name and Address of Current Registered Agent

COOLIDGE, TONY
5525 SHASTA DR.
ORLANDO FL 32810

4. FEI Number

59-3719572

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Tony Coolidge

Street Address (P.O. Box Number is Not Acceptable)

1130 Meadow Lake Way

Apt. 200

City

Winter Springs

FL

Zip Code

32708

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

FEE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOLIDGE, TONY
5525 SHASTA DR.
ORLANDO FL 32810
☒ Delete → Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHASE, YU SHEA
12635 BEACON AVE. S
SEATTLE WA 98178
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOLIDGE, SHU-MIN
5525 SHASTA DR.
ORLANDO FL 32810
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOLIDGE, TONY
5703 Red Bug Lake Rd. #138
Winter Springs FL 32708
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

407-461-3947

Daytime Phone #

CR2E037 (9/01)