

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90157 028 \*\*\*\*70.00

**DOCUMENT # N01000002224**

1. Entity Name  
**ATAYAL, INC.**



Principal Place of Business

**5703 RED BUG LAKE RD  
3 1387  
WINTER SPRINGS FL 32708**

Mailing Address

**5703 RED BUG LAKE RD  
3 1387  
WINTER SPRINGS FL 32708**

**70001365**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**5703 Red Bug Lake Rd**

3. Mailing Address

**5703 Red Bug Lake Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 138**

**# 138**

City & State

City & State

**Winter Springs, FL**

**Winter Springs FL**

Zip

Country

Zip

Country

**32708**

**USA**

**32708**

**USA**

4. FEI Number **59-3719572**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOLIDGE, TONY**

**1130 MEADOW LAKE WAY**

**APT 200**

**WINTER SPRINGS FL 32708**

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

*Tony Coolidge*  
Signature, typed or printed name of registered agent and title if applicable.

*Tony Coolidge, President*

(NOTE: Registered Agent signature required when reinstating)

*1/4/03*

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **COOLIDGE, TONY**  
STREET ADDRESS **5703 RED BUG LAKE RD # 138**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **Treasurer**  
STREET ADDRESS **Shu-min Coolidge**  
CITY-ST-ZIP **5703 Red Bug Lake Rd #138**  
**Winter Springs, FL 32708**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*Tony Coolidge*  
**REQUIRED**

*1/4/03*

*321-231-5857*

CR2E037 (10/02)