

4/7/

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90042 016 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P00000075715**

1. Entity Name

CORAL ARCHITECT DESIGN GROUP INC.

Principal Place of Business

15801 SW 46 CIRCLE  
 OCALA FL 34473-3131 **MOVED**

Mailing Address

15801 SW 46 CIRCLE  
 OCALA FL 34473-3131 **MOVED**

2. Principal Place of Business

12897 N. EDGEWATER DR.

3. Mailing Address

12897 N. EDGEWATER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

DUNNELLON FL

City &amp; State

DUNNELLON FL

4. FEI Number

52-2259324

Applied For

Not Applicable

Zip

34433

Country

CITRUS

Zip

34433

Country

CITRUS

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RAPER, PATRICIA A

15801 SW 46 CIRCLE **MOVED**  
 OCALA FL 34473-3131

7. Name and Address of New Registered Agent

Name

RAPER, PATRICIA A

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

12897 N. EDGEWATER DR.

City

DUNNELLON

FL

Zip Code

34433

8. The above named entity submits this statement of reinstatement or changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Patricia A. Raper*  
**PATRICIA A. RAPER/PRESIDENT**

**4/23/02**  
 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, 2002 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 ☐ Delete  
 NAME PD  
 STREET ADDRESS RAPER, PATRICIA A  
 CITY-ST-ZIP 15801 SW 46 CIRCLE 12897 N. EDGEWATER DR.  
 OCALA FL 34473-3131 DUNNELLON, FL 34433

TITLE ☐ Delete  
 NAME VS  
 STREET ADDRESS RAPER, RUDOLPH E  
 CITY-ST-ZIP 15801 SW 46 CIRCLE 12897 N. EDGEWATER DR.  
 OCALA FL 34473-3131 DUNNELLON, FL 34433

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*Patricia A. Raper*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-28-02**  
 Date

**352-489-5949**  
 Daytime Phone #

CR2E034 (9/01)