FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000088064

03-03-2003 90859 039 ***150.00

1. Entity Name
CORAL OF SEBASTIAN INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
7127 155TH PL.	7127 155 TH PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bch. GARDENS, FL	City & State: Palm Bch. GARDENS
Zip: 33418 Country	Zip: Country

4. FEI Number: 90-0000527 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: KIRK NAPOLETANO

Street Address (P.O. Box Number is Not Acceptable): 7127 155 TH PLACE

City: Palm Beach GARDENS FL Zip Code: 33418

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: _____ 2-13-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NAPOLETANO Kirk PRESIDENT 7127 155TH PL. Palm Bch Gardens 33418
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALBANESE Jerry VICE PRESIDENT 122 SE 34TH AV BOYTON BCH, FLA 33435
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-12-03 561 723-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #