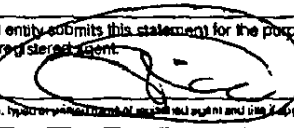
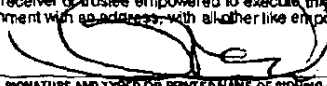


FILED  
Aug 04, 2003 8:00 am  
Secretary of State

07-21-2003 90395 045 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

55053144

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000028922</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| 1. Entity Name<br><b>CORAL COVE LAND COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |  |
| Principal Place of Business<br>1432 FIRST STREET<br>SARASOTA, FL 34236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Mailing Address<br>1432 FIRST STREET<br>SARASOTA, FL 34236                        |  |
| 2. Principal Place of Business<br>P.O. Box 1767<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 3. Mailing Address<br>P.O. Box 1767<br>Suite, Apt. #, etc.                        |  |
| City & State<br>Sarasota FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | City & State<br>Sarasota, FL                                                      |  |
| Zip<br>34230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Zip<br>34230                                                                      |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Country                                                                           |  |
| 4. Name and Address of Current Registered Agent<br>DRAKE, J KEVIN<br>1432 FIRST STREET<br>SARASOTA, FL 34236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 4. FBI Number<br>20-0099487<br>Applied For<br>Not Applicable                      |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> CHECK HERE IF MAKING CHANGES                             |  |
| 6. Name and Address of New Registered Agent<br>Name<br>Denise C. Kowal<br>Street Address (P.O. Box Number is Not Acceptable)<br>540 - So. ORANGE AVE<br>City<br>Sarasota FL<br>Zip Code<br>34236                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 7. Name and Address of New Registered Agent                                       |  |
| 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | DATE<br>7/10/03                                                                   |  |
| NOTE: Registered Agent's signature required when registering.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| P, S, T, O<br>Denise C. Kowal<br>P.O. Box 1767<br>Sarasota, FL 34230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |  |
| Delete <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Change <input type="checkbox"/> Addition <input type="checkbox"/>                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| Delete <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Change <input type="checkbox"/> Addition <input type="checkbox"/>                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| Delete <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Change <input type="checkbox"/> Addition <input type="checkbox"/>                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| Delete <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Change <input type="checkbox"/> Addition <input type="checkbox"/>                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| Delete <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Change <input type="checkbox"/> Addition <input type="checkbox"/>                 |  |
| 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:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 7-10-03 (941) 388-1822                                                            |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Date<br>Telephone                                                                 |  |