2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-11-2003 90186 022 ***150.00

JJ0G3404

DOCUMENT # P02000083271

1. Entity Name
CORALSTREAM INSURANCE, INC.

Principal Place of Business	Mailing Address
9439 SAN JOSE BLVD. #147 JACKSONVILLE FL 32257	9439 SAN JOSE BLVD. #147 JACKSONVILLE FL 32257

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9439 San Jose Blvd	— Same —
Suite, Apt. #, etc. 147	Suite, Apt. #, etc.
City & State Jacksonville, F	City & State
Zip 32257	Country USA
Zip	Country

4. FEI Number 55-0789371 ☒ 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
FITZGERALD, MARILYN B 9439 SAN JOSE BLVD. #147 JACKSONVILLE FL 32257	Name: MARILYN FitzGerald Street Address (P.O. Box Number is Not Acceptable): 9439 San Jose Blvd #147 City: Jacksonville Fl. FL Zip Code: 32257

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: Marilyn FitzGerald 4-3-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MARGARET FITZGERALD 25 MILFORD DR. LOCUST VALLEY NY 11560	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARILYN FITZGERALD 9439 SAN JOSE BLVD #147 JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY & ACCOUNTS KATHERINE FITZGERALD 25 MILFORD DR LOCUST VALLEY NY 11560	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGN Marilyn FitzGerald 4-3-03 904-7396872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #