

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90067 015 ***150.00

05057788 AT

DOCUMENT # P96000055640

1. Entity Name
CORONELLA, INC.

Principal Place of Business

**1013 LUCERNE AVE
 SUITE 15
 LAKE WORTH FL 33460
 US**

Mailing Address

**P O BOX 5705
 LAKEWORTH FL 33466-5705
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

365 S. Country Club Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Atlanta, FL

City & State

Zip

33462

Country

USA

Country

4. FEI Number

65-0693563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAWYER, WILLIAM G JR.
 365 SOUTH COUNTRY CLUB DRIVE
 ATLANTIS FL 33462**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 **PDST** ☐ Delete
 NAME **SAWYER, WILLIAM G JR.**
 STREET ADDRESS **365 S. COUNTRY CLUB DR**
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE ☐ Delete
 NAME
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 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

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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: *William G Sawyer Jr.* **4/18/2002 561432-5523**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)