2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9600059029 1. Entity Name CORONADO CONSTRUCTION CORPORATION						APPROVED AND FILED				
Principal Place of Business Mailing Address					-	DO MAR 20 AM	8: 27			
2105 PARK AVE. NORTH WINTER PARK FL 32789 US		P.O. BOX 4961 ORLANDO FL 32802-4961				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN T	HIS SPACE			
City & State		City & State			4. F	59-3420028			plied For Applicable	
Zip	Country	Zip Count		try	5. Certificate of Status Desired			5 Addi equired		
	6. Name and Address of Current F	Registered Agent			7. N	Name and Address of New Register	red Agent			
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 2105 PARK AVE N WINTER PARK FL 32789				Name Street Address (P.O. Box Number is Not Acceptable)						
				City			FL Zip	p Code		
8. The above	named entity submits this statement for	the purpose of changing its r	egister	ed office or registe	ered ag	ent, or both, in the State of Florida.				
SIGNATURE .	Signature, typed or pnnted name of registered agent at	nd title if applicable (NOTE:	Registere	d Agent signature require	ed when re	instating) DA	ATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S				Election Campaign Financing Trust Fund Contribution.	_		May Be to Fees	
11.	OFFICERS AND D		12.		AD	DITIONS/CHANGES TO OFFICERS				
NAME STREET ADDRESS CITY-ST-ZIP	PEPPER, DONNA D 2105 PARK AVE N WINTER PARK FL 32789	☐ Delete		ı		_	Cr	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS JOHNSON, TONY 8 2105 PARK AVENUE NORTH WINTER PARK FL 32789					☐ Change ☐ Addition 500003189355—— -03/30/00—01010—013 ****158,75 ****158,75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		l			□ Cr	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l			□ Cr	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete		1		100 Mars		ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l			Ct Ct	ange.	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that m wered to execute this report a	y signa Is redui	ture shall have the red by Chapter 60	e same l 07. Florid	legal effect as if made under oath; th da Statutes: and that my name appe	at I am an d ars in Block	officer o	formation or director Block 12 if	