

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061974

1. Entity Name

CORO INVESTMENTS OF HILLSBOROUGH COUNTY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90065 032 ***150.00

Principal Place of Business

15436 N. FLORIDA AVE., SUITE 101
TAMPA FL 33613
US

Mailing Address

13902 N DALE MABRY
STE 165
TAMPA FL 33618-2424
US

2. Principal Place of Business

3. Mailing Address

15436 N. Florida Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33613

USA

4. FEI Number

59-3391514

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

MYERS, W. PARKINSON
13902 NORTH DALE MABRY HIGHWAY
SUITE 165
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

15436 N. Florida Ave., Suite 101

City

Tampa

FL

Zip Code
33613

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANSEN, VICTOR R. 8221 OLD COURTHOUSE RD, STE 204 VIENNA VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MYERS, PARKINSON W. 13902 N DALE MABRY HWY, STE 165 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUTCHINSON, MARCUS C. 8221 OLD COURTHOUSE RD, STE 204 VIENNA VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BY: MARC C. HUTCHINSON

SECRETARY

4/24/00

(703) 56-1006

Date

Daytime Phone #

CR2E034 (9/99)