


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # P97000036544**

1. Entity Name  
**CORONADO MORTGAGE, INC.**



FILED  
03 APR 15 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**129 ROBIN ROAD  
ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**P.O. BOX 4961  
ORLANDO FL 32802-4961**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3473018</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES CENTRAL FLORIDA, INC  
390 N. ORANGE AVE., STE. 1100  
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><b>DPT PEPPER, DONNA D 129 ROBIN ROAD ALTAMONTE SPRINGS FL 32701</b></p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><b>500017329275 04/30/03--01003--023 **158.75</b></p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><b>S PEPPER, DONNA D 129 ROBIN ROAD ALTAMONTE SPRINGS FL 32701</b></p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
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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:** *Donna D. Pepper* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)