

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90028 041 ***150.00

03/06/02 AV

DOCUMENT # P97000057151

1. Entity Name
CORACE DESIGN, INC.

Principal Place of Business

**7505 CORDOBA CIRCLE
 NAPLES FL 34109**

Mailing Address

**7505 CORDOBA CIRCLE
 NAPLES FL 34109**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

430 Willett Ave.

Suite, Apt. #, etc.

3. Mailing Address

430 Willett Ave.

Suite, Apt. #, etc.

City & State

NAPLES, FLA.

City & State

NAPLES, FLA

4. FEI Number

65-0772882

Applied For

☐ Not Applicable

Zip

34108

Country

Collier

Zip

34108

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORACE, KATHRYN
 7505 CORDOBA CIRCLE
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **CORACE, KATHRYN**

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

City

NAPLES

FL

Zip Code

34108

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]

2-19-02

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 **PO** ☒ Delete
 NAME **CORACE, KATHRYN**
 STREET ADDRESS **7505 CORDOBA CIRCLE**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
 NAME **CORACE, KATHRYN**
 STREET ADDRESS **430 Willett Ave.**
 CITY-ST-ZIP **NAPLES, FLA 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02

Date

941-641-6079

Daytime Phone #

CR2E034 (9/01)