

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064377

1. Entity Name

CORILU CORP.

FILED

00 JAN 18 PM 6:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8671 LITTLETON RD
NORTH FORT MYERS FL 33903

Mailing Address

11532 MORGAN HILL RD
FORT MYERS FL 33912-1450
US

2. Principal Place of Business

3. Mailing Address

8671 LITTLETON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT MYERS FL 33903

4. FEI Number

59-3468330

Applied For

Not Applicable

Zip

Country

Zip

33903

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROS, LUCIENNE D
11532 MORGAN HILL RD
FORT MYERS FL 33912

Name

LUIS MOREY

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

8671 LITTLETON RD

City

N. FORT MYERS

FL

Zip Code

33903

8. The above named entity assumes 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

1-17-2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	GROS, L D	
STREET ADDRESS	11532 MORGAN HILL RD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P. LUIS MOREY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8671 LITTLETON RD	
STREET ADDRESS	N. FT. MYERS, FL 33903	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-2000