

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096313

1. Entity Name
CORAL PLATE, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90041 049 ***150.00

05425

Principal Place of Business
28000 SPANISH WELLS BLVD
STE 200
BONITA SPRINGS FL 34135

Mailing Address
PO BOX 279
BONITA SPRINGS FL 34133

000000



DO NOT WRITE IN THIS SPACE

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

4. FEI Number	59-3476738	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

AMBURN, JAMES
28000 SPANISH WELLS BLVD
STE 200
BONITA SPRINGS FL 34135

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.

SIGNATURE _____ (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, 2001 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	D	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, HELMUTH			NAME			
STREET ADDRESS	28000 SPANISH WELLS BLVD STE 200			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34135			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, ASTRA			NAME			
STREET ADDRESS	28000 SPANISH WELLS BLVD, STE 200			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34135			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, CHRISTIAN			NAME			
STREET ADDRESS	238000 SPANISH WELLS BLVD, STE 200			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34135			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, HAROLD			NAME			
STREET ADDRESS	28000 SPANISH WELLS BLVD, STE 200			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34135			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: James E. Amburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.04.01

Date

Daytime Phone #

CR2E034 (10/00)