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Jul 02, 2002 8:00 am
Secretary of State
03-18-2002 90187 003 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

96335

DOCUMENT # P97000105559

1. Entity Name
COQUINA KEY OF ORMOND, INC.

Principal Place of Business	Mailing Address
4000 OCEAN SHORE BLVD. ORMOND BEACH FL 32176	P.O. BOX 1446 FLAGLER BEACH FL 32136

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 59-3484118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:

LEDBETTER, JOHN
3080 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name RONALD JOHNSON, ATTORNEY
Street Address (P.O. Box Number is Not Acceptable) Ronald W. Johnson
3265 GRAND VIEW AVE
City DAYTONA BEACH FL Zip Code 32118

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 JOHN LEDBETTER RONALD JOHNSON DATE 6/12/02 2/28/02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HASSLER, TIMOTHY J 4000 OCEAN SHORE BLVD. ORMOND BEACH FL 32176	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LEDBETTER, JOHN 3080 JOHN ANDERSON ORMOND BEACH FL 32176	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: Tim Hassler Tim HASSLER PRES. 2/28/02 (386) 441-0078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #