

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90381 032 ***150.00

DOCUMENT # P98000030498

1. Entity Name **Coral Sky Construction, Inc**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
913 Hi Street
Suite, Apt. #, etc.

3. Mailing Address
913 Hi Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth FL
Zip
33461 Country
US

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US

4. FEI Number **65-0824224**
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Stuart J. Haft, Esq.**
Street Address (P.O. Box Number is Not Acceptable)

321 Royal Poinciana Plaza South
City **Palm Beach FL** Zip Code **33480**

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

(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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	Ronald Thomas Hamilton (P) 913 Hi Street Lake Worth, FL 33461	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered persons.

SIGNATURE: **Ronald T. Hamilton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02
Date
561-649-6369
Daytime Phone #

CR2E034B (12/01)