2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90355 001 ***150.00

0324322 AV

DOCUMENT # P98000103365

1. Entity Name
CORISCO CORP,.

Principal Place of Business	Mailing Address
1 LAS OLAS CIRCLE STE 1414 FT LAUDERDALE FL 33316	1 LAS OLAS CIRCLE STE 1414 FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1013 Griffin Road	5033 Fairfax Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, Florida	City & State: Lakeland, Florida
Zip: 33805-2443 Country:	Zip: 33813-2920 Country:

4. FEI Number 65-0890516 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIG, DAVID S 2837 SW 3 AVE MIAMI FL 33129	Name: Pierre R. Brouillet Street Address (P.O. Box Number is Not Acceptable): 5033 Fairfax Drive City: Lakeland, FL Zip Code: 33813-2920

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] Pierre R. Brouillet March 14, 2002
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) ☐

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	P BROUILLET, PIERRE M 11150 CAMERON COURT 105 DAVIE FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brouillet, Pierre R. 5033 Fairfax Drive Lakeland, Florida 33813-2920 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS BROUILLET, FRANGOISE C/O M. BROUILLET 1 LAS OLAS CIR FR LAUDERDALE FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] Pierre R. Brouillet, Manager, March 14, 2002 (863) 688-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #