

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90109 049 ***150.00

DOCUMENT # P99000021375

1. Entity Name
CORALWIN CORPORATION

Principal Place of Business
1616 W. CAPE CORAL PARKWAY STE. 171
CAPE CORAL FL 33914

Mailing Address
1616 W. CAPE CORAL PARKWAY STE. 171
CAPE CORAL FL 33914-6979

C0079462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
630 SW 49th Lane

3. Mailing Address
1616-102 W. Cape Coral Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #171

City & State

City & State

Cape Coral, FL

Cape Coral, FL

4. FEI Number
65 0901638

Applied For
 Not Applicable

Zip Country
33914 Lee

Zip Country
33914 Lee

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

GALLAGHER, JOHN C
3501 DEL PRADO BLVD. STE. 204
CAPE CORAL FL 33904

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

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, 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **P**
 STREET ADDRESS **Joseph R. Winstead**
 CITY-ST-ZIP **630 SW 49th Lane**
Cape Coral, FL 33914

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **VP, T**
 STREET ADDRESS **Roberta M. Winstead**
 CITY-ST-ZIP **630 SW49th Lane**
Cape Coral, FL 33914

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 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 #

4/27/00 **540-8385**

CR2E034 (9/99)