2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # **P99000034117** 1. Entity Name CORAL CONSULTING SERVICES, INC. 05-16-2001 90007 045 ***150.00 Principal Place of Business Mailing Address 12565 RESEARCH PARKWAY 12565 RESEARCH PARKWAY 300-166 300-166 549506 ORLANDØ FL 32826 ORLANDO FL 32826 2. Principal Place of Business 3. Mailing Address W. Fairbauk Apt. #, etc. Suite, Apt. #, etc. Suite, DO NOT WRITE IN THIS SPACE Applied For City_& State 4. FEI Number 59-3570312 w wher Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Quello, Stephen R Street Address (P.O. Box Number 12565 RESÉARCH PARKWAY 300-166 ORLANDO FL 32826 purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Ores wew Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME QUELLO, STEPHEN R STREET ADDRESS STREET ADDRESS 12565 RESEARCH PARKWAY SUITE 300-166 CITY-ST-ZIP CITY-ST-7IF ORLANDÓ FL 32826 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITEE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapters, with all other like the report of the corporation or the receiver of the same decrease. changed, or on an attachment with an address, with all other like SIGNATURE: