

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90110 022 ***150.00

DOCUMENT # P99000043567



1. Entity Name
DON R. CORYELL & ASSOCIATES, INC.

Principal Place of Business
**6032 ZEPHYN RIDGE DR.
ZEPHYRHILLS FL 33541
US**

Mailing Address
**6032 ZEPHYN RIDGE DR.
ZEPHYRHILLS FL 33541
US**



2. Principal Place of Business

3. Mailing Address

6032 Zephyr Ridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3576587**

Applied For

Not Applicable

Zip **33542**

Country

Zip **33542**

Country

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

**CORYELL, DON R
6032 ZEPHYN RIDGE DRIVE
ZEPHYRHILLS FL 33541**

Name

Street Address (P.O. Box Number is Not Acceptable)

6032 Zephyr Ridge Dr.

City

FL

Zip Code

33542

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CORYELL, DON R**
STREET ADDRESS **6032 ZEPHYR RIDGE DRIVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Change ☐ Addition
NAME **6032 Zephyr Ridge Dr.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CORYELL, PATRICIA J**
STREET ADDRESS **6032 ZEPHYN RIDGE DRIVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Change ☐ Addition
NAME **6032 Zephyr Ridge DR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don R. Coryell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03 813-779-7853

Date Daytime Phone #

CR2E034 (10/02)