

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 288654

1. Entity Name

COLONIAL RIDGE MAINTENANCE CORP

Principal Place of Business

306 EAST BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33435

Mailing Address

306 EAST BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GROMKO & PORTER,  
306 E. BOYNTON BEACH BLVD  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

Street Address

City

John Porter Accounting, Inc.  
400 S. Federal Hwy., Suite 405  
Boynton Beach, Florida 33435 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)

04/23/01

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, 2001 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

TITLE: P  
NAME: INGHAM, GRANT  
STREET ADDRESS: 5505 N. OCEAN BLVD.  
CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE: T  
NAME: VALINE, MARGARET S  
STREET ADDRESS: 5505 N OCEAN BLVD  
CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE: D  
NAME: KNEHR, DOROTHY  
STREET ADDRESS: 5505 N OCEAN BLVD  
CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE: D  
NAME: DESROCHES, RICHARD  
STREET ADDRESS: 5505 N OCEAN BLVD  
CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE: D  
NAME: SIDORIK, ROBERT  
STREET ADDRESS: 5505 N. OCEAN BLVD.  
CITY-ST-ZIP: OCEAN RIDGE FL 33435-7001

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
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:

Margaret S. Valine, Trust

MARGARET S. VALINE

4/23/01

321-737-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90062 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6181722

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

0000160

CR2E034 (10/00)