

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90448 010 ***150.00

DOCUMENT # 363773

1. Entity Name

COLOROC MATERIALS INCORPORATED

Principal Place of Business

5603 ANDERSON RD
TAMPA FL 33614

Mailing Address

5603 ANDERSON RD
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1300782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANDAR, TOM
1009 NORTH O'BRIEN STREET
TAMPA FL 33607-3858

7. Name and Address of Now Registered Agent

Name: Dandar, Tom
Street Address (P.O. Box Number is Not Acceptable)

1715 Westshore Blvd, Suite 750
City: Tampa FL Zip Code: 33607

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRD, BARBARA 18304 WAYNE RD ODESSA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGHES, ROSE C 20003 HOLLY LAKE PLACE LUTZ FL 33549	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRD, JAMES R 18304 WAYNE RD ODESSA, FL 0	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WILLIAM 517 SUWANNE CIRCLE TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

James R. Bird JAMES R. BIRD, Pres

2/7/02

813-886-7762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)