

FILED
May 21, 2002 8:00 am
Secretary of State

04-11-2002 90703 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00323
1. Entry Name
Colson Groves, Inc.

DO NOT WRITE IN THIS SPACE



28720

2. Principal Place of Business
3011 Pine Club Drive
Suite, Apt. #, etc.

3. Mailing Address
3011 Pine Club Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Plant City, FL

City & State
Plant City, FL

4. FEI Number
59-2058470

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Zip 33567 Country USA

7. Zip 33567 Country USA

7. Name and Address of Current Registered Agent

Name
Mary J. Simmons

Street Address (P.O. Box Number is Not Acceptable)
3011 Pine Club Drive

City
Plant City

State
FL

Zip Code
33567

DO NOT WRITE IN THIS SPACE

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 *Mary J. Dame, Simmons* DATE 4-29-02

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agents election is required upon reinstatement)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended: UBR is \$81.25
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-STATE-ZIP	DP Mary J. Simmons 3011 Pine Club Drive Plant City, FL 33567	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV Cheryl Owen 202 Colson Rd. E Plant City, FL 33567	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS Marsha Peace 204 Colson Rd. E Plant City, FL 33567	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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CFR2004B (12/01)

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 on an attachment with an address, with all other like employment.

SIGNATURE: *Mary J. Simmons* DATE: 4-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary J. Dame, Simmons