

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000003952**1. Entity Name
COLONIAL ENERGY, INC.

Principal Place of Business

PO BOX 576

SAVANNAH
314020576

GA

Mailing Address

PO BOX 576

SAVANNAH
314020576

GA

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

58-2209516

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

Name

HILL KEITH

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

1301 RIVER PLACE BOULEVARD

SUITE 2646

City
JACKSONVILLE

FL

Zip Code
32207

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 **KEITH HILL**

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

(NOTE: Registered Agent signature required when reinstating)

04/24/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY B M	
STREET ADDRESS	12011 LEE JACKSON HWY.	
CITY-ST-ZIP	FAIRFAX VA 22033	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DEMERE R. H	
STREET ADDRESS	101 N. LATHROP AVE.	
CITY-ST-ZIP	SAVANNAH GA 31415	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WIMBISH S B	
STREET ADDRESS	101 N. LATHROP AVE.	
CITY-ST-ZIP	SAVANNAH GA 31415	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BROWN F A	
STREET ADDRESS	101 N. LATHROP AVE.	
CITY-ST-ZIP	SAVANNAH GA 31415	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEMERE R HJR	
STREET ADDRESS	101 N. LATHROP AVE.	
CITY-ST-ZIP	SAVANNAH GA 31415	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARK ALLEN JIII	
STREET ADDRESS	101 N. LATHROP AVENUE	
CITY-ST-ZIP	SAVANNAH GA 31415	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY BRIAN M	
STREET ADDRESS	3975 FAIR RIDGE DRIVE, SUITE T10 NORTH	
CITY-ST-ZIP	FAIRFAX VA 22033	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERE ROBERT H	
STREET ADDRESS	101 N. LATHROP AVENUE	
CITY-ST-ZIP	SAVANNAH GA 31415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN FRANCIS A	
STREET ADDRESS	101 N. LATHROP AVENUE	
CITY-ST-ZIP	SAVANNAH GA 31415	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERE ROBERT HJR	
STREET ADDRESS	101 N. LATHROP AVENUE	
CITY-ST-ZIP	SAVANNAH GA 31415	

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: **A. JOE PARK, III**

SD

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)