## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G94711  1. Entity Name  COLSON CORPORATION, INC.					Jan 18, 2000 8:00 am Secretary of State					
Principal Plac	e of Business	Mailing Address			01	-18-2000 90	013 044 **	150.00		
926 NORTH SEAGRAVE ST		% GLENN M. COLSON 826 NORTH SEAGRAVE ST DAYTONA BEACH FL 32114-2022			1861(1.684		V O O V (		. B(B)( 188)	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WR	TE IN THIS S	PACE		
City & State		City & State		4. FE	Number	59-238971	3	1-1	plied For t Applicable	
Zip	Country	Zip	Country	<b>5</b> . Ce	rtificate of	Status Desired	1 1	\$8.75 Add Fee Required		
	6. Name and Address of Current R	egistered Agent		7. Na	me and A	dress of New F	legistered A	gent		
			Name							
826 N	SON, GLENN M. NORTH SEAGRAVE AVENUE 'ONA BEACH FL 32014		Street Addres	s (P.O. Box	Number is	s Not Acceptable	€)			
			City				FL	Zip Code	<del></del>	
Tax filling r (See criter	Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payabl	PEE IS \$150.00 PEE will be \$550.00 Tee will be \$550.00 To Department of S	0 State	10. Electi Trust	on Campaign Fi Fund Contributio	on.	Added	May Be to Fees	
TITLE	OFFICERS AND D	Delete	12.	AUU	TIONS/CF	TANGES TO UF	-ICERS AND	Change	Addition	
NAME	COLSON, GLENN M.	D belete	NAME						_	
STREET ADDRESS CITY-ST-ZIP	826 N. SEAGRAVE AVENUE DAYTONA BEACH FL		STREET ADDRESS CITY-ST-ZIP							
TITLE NAME	STD Colson, Eileen J.	Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	826 N. SEAGRAVE AVENUE DAYTONA BEACH FL		STREET ADDRESS CITY-ST-ZIP							
TITLE NAME	VD COLSON, LARRY D.	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP	826 N. SEAGRAVE AVENUE DAYTONA BEACH FL		STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				·-	Change	Addition	
indicated of the cor	Certify that the information supplied with t I on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that m vered to execute this report a	v signature shall have th	ne same led	запетест а	is it made under	oatn: tnat i a	ım an onicer	or director	

904-255-0577

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE**