

2001 UNIFORM BUSINESS REPORT (UBR)

011094

DOCUMENT # L00000000640

1. Entity Name
COLSON, SAWYER & ASSOCIATES, LLC

FILED
01 MAY -1 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

ONE EAST BROWARD BLVD **ONE EAST BROWARD B.LVD**
STE 700 **STE 700**
FORT LAUDERDALE FL 33301 **FORT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Same as above *Same as above*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0974228 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLSON, V. ARMAND
ONE EAST BROWARD BLVD
STE 700
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: **N/A**

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

City: **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 _____ (NOT) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Managing Partner	V. Armand Colson	One East Broward Blvd, #1700	Fort Lauderdale, Fl. 33301		
Managing Partner	Gregory R. Sawyer	One East Broward Blvd, #1700	Fort Lauderdale, Fl. 33301		

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*******50.00 *****50.00**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: V. Armand Colson **26 April 01** **954-713-2872**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)