

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90162 030 \*\*\*150.00

**DOCUMENT # L44013**

1. Entity Name  
**INTERSTATE COLONIAL CORPORATION**

Principal Place of Business

**801 - 12TH AVE. S. #400  
 NAPLES FL 34102  
 US**

Mailing Address

**% TIMOTHY G. HAINS  
 4501 N TAMiami TRAIL SUITE 300  
 NAPLES FL 34103  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**801 12th AVE S  
 Suite, Apt. #, etc.  
 Suite 200**

3. Mailing Address

**801 12th AVE S  
 Suite, Apt. #, etc.  
 Suite 200**

City & State

**Naples, FL**

City & State

**Naples, FL**

4. FEI Number

**65-0175189**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAINS, TIMOTHY G.  
 4501 N TAMiami TRAIL  
 #300  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

**Kermit S. Sutton**

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

**801 12th Avenue South, STE 200**

City

**Naples**

**FL**

Zip Code

**34102**

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

(NOTE: Registered Agent signature required when reinstating)

**4-23-2002**

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	<input type="checkbox"/> Delete
DO	SUTTON, KERMIT S	801 12TH AVE SO #400	NAPLES FL	<input type="checkbox"/>
D	SPENCER, DAVID S.	3255 TAMiami TR. NORTH	NAPLES FL	<input type="checkbox"/>
D	WILLIAMS, JOHN B.	3420 S.W. 9TH ST.	DES MOINES IA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		801 12TH AVE SO #200	NAPLES FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-2002**

Date

**(239) 263-8333**

Daytime Phone #

CR2E034 (9/01)