## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Jan 19, 2000 8:00 am Secretary of State DOCUMENT # L45996 COLONIAL ACQUISITIONS, INC. 01-19-2000 90011 019 \*\*\*150.00 Principal Place of Business Mailing Address REED. JOHN L REED, JOHN L 601882 3776 W COLONIAL DR 3776 W COLONIAL DR ORLANDO FL 32808-7906 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2987941 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REED. JOHN L Street Address (P.O. Box Number is Not Acceptable) 3776 W COLONIAL DR ORLANDO FL 32808 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE □ Delete REED, JOHN L NAME NAME 2238 HONTOON ROD STREET ADDRESS STREET ADDRESS DELAND FL CITY-ST-ZIP 2<u>10 = 32720</u> CITY-ST-ZIP Addition ☐ Delete TITLE TITLE REED, ROBERT A. NAME NAME STREET ADDRESS **806 EDGEWATER DR** STREET ADDRESS 21p= 32804 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL ☐ Addition ☐ Delete TITLE TITLE Reed, Raymond D. REED, RAYMOND D NAME NAME 10417 Lake Louisa Rd. 1213 CONERSTONE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Orlando Fl **Change** ☐ Delete TITLE ☐ Addition TITLE REED, JOHN L JR. NAME NAME STREET ADDRESS STREET ADDRESS 1201 CORNERSTONE CT 3**>83**5 CITY-ST-ZIP マロ= CITY-ST-ZIF ORLANDO FL ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-3000 (407)DAJ-7333

Date Daytime Phon