2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NOROOR

1. Entity Name	300	
COLONY SOUTH, INC.		
Principal Place of Business	Mailing Address	
125 COLONY SOUTH DR. TARPON SPRINGS FL 34689 US	125 COLONY SOUTH DR. TARPON SPRINGS FL 34689 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
7in Country	7:-	Carratan

FILED Mar 11, 2002 8:00 am Secretary of State
03-11-2002 90019 048 ****61.25

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Principal Plac	ce of Business	Mailing Address							
125 COLONY SOUTH DR. TARPON SPRINGS FL 34689 US 125 COLONY SOUTH DR. TARPON SPRINGS FL 34689 US US									
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Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Stat	te	City & State		4 . FEI	4. FEI Number 59-2908080			plied For t Applicable	
Zip	Country	Zip	Country	5. Cer	rtificate of Status Desir		8.75 Add ee Required		
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GUNTER,			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	HWY 19 N Springs Fl 34689		, , , , , , , , , , , , , , , , , , , 			· · · · · · · · · · · · · · · · · · ·			
TAIN ON C	OF THINGS I E GTGGG		City			FL	Zip Code	-	
8. The above	e named entity submits this statement f	or the purpose of changing its re	egistered office o	r registered agent	t, or both, in the state	of Florida.	<u> </u>		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: 1	Registered Agent signa	ture required when reinst	ating)	DATE			
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d d	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co		□ \$5.00 Added to	May Be o Fees	Make Check Departmen			
10.	OFFICERS AND D	Trust Fund Co	ntribution.	ADDITION		Departmen	t of State	10 	
d		Trușt Fund Cc	ntribution.	Added to	o Fees NS/CHANGES TO OF	Departmen	t of State		
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10. TITLE NAME STREET ADDRESS	OFFICERS AND D S ORR, SHERRY 109 COLONY SOUTH DR TARPON SPRINGS FL 34689 P FRASER, SUZANNE	Trust Fund Co	11. TITLE NAME STREET ADDRESS	ADDITION P/T CALVE 112 COLO TARPON D KARAFH	OFEES NS/CHANGES TO OF GERALD ONY SOUTH SPRINGS,	Departmen FICERS AND DIRE DR. FL.3+6	t of State	10 	
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12. I hereby certify that the information supplied with this filling 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 receivepor trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all officers of the corporation of the receiver of the corporation of the receiver

SIGNATURE