

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR -6 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005139**  
1. Entity Name  
**Barbara Thomas - Colson & Company**  
Principal Place of Business Mailing Address  
**4030 Tralee Road  
Tallahassee, FL 32308**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.  
**4030 Tralee Rd**

City & State: **Tallahassee** Florida **32308**  
Zip Country Zip Country

4. FEI Number **59-3703239** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Barbara Thomas - Colson  
4030 Tralee Rd  
Tallahassee, FL 32308**  
**Barbara Thomas Colson**

7. Name and Address of New Registered Agent  
Name  
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 **Barbara Thomas - Colson** DATE **4-6-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to:  
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <b>Vice Pres.</b> NAME <b>Sheila Washington</b> STREET ADDRESS <b>4030 Tralee Road</b> CITY-ST-ZIP <b>Tallahassee, FL 32308</b>	<input type="checkbox"/> Delete
TITLE <b>D</b> NAME <b>Michael Rogers</b> STREET ADDRESS <b>4030 Tralee Rd</b> CITY-ST-ZIP <b>Tallahassee, FL</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>Vice Pres.</b> NAME <b>Jacquelyn Reeves</b> STREET ADDRESS <b>8756 Parker Lane</b> CITY-ST-ZIP <b>Tallahassee, FL 32301</b>	<input type="checkbox"/> Delete
TITLE <b>CEO</b> NAME <b>Barbara Thomas</b> STREET ADDRESS <b>4030 Tralee Rd</b> CITY-ST-ZIP <b>Tallahassee, FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 other like empowered.  
SIGNATURE: **Barbara Thomas - Colson** DATE **4-6-01** Daytime Phone # **906-0199**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)