

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 12 PM 12:50

DOCUMENT # N99000005139



1. Entity Name
BARBARA THOMAS-COLSON & COMPANY, INC.

Principal Place of Business
1747 NE CAPITAL CIRCLE
#1101
TALLAHASSEE, FL 32308

Mailing Address
1747 NE CAPITAL CIRCLE
#1101
TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3703239

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

THOMAS, BARBARA
1747 NE CAPITAL CIRCLE
#1101
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

B. 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. I am familiar with, and accept the obligations of registered agent.

300023023103

09/12/03--01063--007 **111.25

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW - FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	THOMAS, BARBARA	1747 NE CAPITAL CIRCLE, #1101	TALLAHASSEE, FL 32308	<input type="checkbox"/>
PD	LAQUANA, EVAN S	2074 MIDYETTE ROAD #534	TALLAHASSEE, FL 32308	<input type="checkbox"/>
VD	KOONCE, ALEX J	1747 NE CAPITAL CIRCLE, #1101	TALLAHASSEE, FL 32308	<input type="checkbox"/>
D	MATHIS, W.J.	7376 WAGON TRAIL LANE	TALLAHASSEE, FL 32301	<input type="checkbox"/>
D	REDDICK, JEROME J	1490 NASHVILLE DRIVE	TALLAHASSEE, FL 32311	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Dr. Osiefield Anderson	Kilkarn Estates	Tallahassee, Florida 32308 (Director)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Madika Thomas	P. O. Box 770	Greenwich, FL 32331 (Director)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Jacquelyn D. Thompson	8956 Perker Lane	Tallahassee, FL 32311 (Director)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-03

Date

576-0668

Daytime Phone #

CR2E037 (10/02)