

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90318 034 \*\*\*150.00

**DOCUMENT # P00000045207**

1. Entity Name  
**COLTOM, INC.**

Principal Place of Business

Mailing Address

15322 MONTGOMERY ST  
 HUDSON FL 34667

15322 MONTGOMERY ST  
 HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

5443 Spring Hill Dr.  
 Suite, Apt. #, etc.

5443 Spring Hill Dr.  
 Suite, Apt. #, etc.

City & State

Spring Hill, Fla. 34606

City & State

Spring Hill, Fla.

4. FEI Number

59-3643440

Applied For

Not Applicable

Zip

34606

Country

Hernando

Zip

34606

Country

Hernando

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FERRIS, COLLEEN A  
 15322 MONTGOMERY ST  
 HUDSON FL 34667

7. Name and Address of New Registered Agent

Name **FERRIS, COLLEEN A**

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

15322 LITTLE RD

City **HUDSON**

FL

Zip Code **34667**

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

*Colleen Ferris*

**COLLEEN A. FERRIS**

**4-13-01**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **PRESIDENT** ☐ Delete  
 NAME **COLLEEN FERRIS**  
 STREET ADDRESS **5443 SPRING HILL DR.**  
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 another like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/01**

Date

**352-686-0553**

Daytime Phone

CR2E034 (10/00)