

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91106 050 \*\*\*150.00

DOCUMENT # P02000051613

1. Entity Name  
COLONIAL ART, INC.



Principal Place of Business  
611 COLONIAL RD  
WEST PALM BEACH FL 33405

Mailing Address  
611 COLONIAL RD  
WEST PALM BEACH FL 33405

2. Principal Place of Business  
5500 GEORGIA AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
5500 GEORGIA AVE.  
Suite, Apt. #, etc.

City & State  
WEST PALM BEACH  
Zip 33405 Country

City & State  
WEST PALM BEACH  
Zip 33405 Country

4. FEI Number  
04-3649697

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

GONZALEZ, JOSE T  
611 COLONIAL RD  
WEST PALM BEACH FL 33405

## 7. Name and Address of New Registered Agent

Name: GONZALEZ JOSE T.  
Street Address (P.O. Box Number is Not Acceptable): 5500 GEORGIA AVE.  
City: WEST PALM BEACH FL Zip Code: 33405

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

SIGNATURE: JOSE T. GONZALEZ  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/17/03  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

## 10. OFFICERS AND DIRECTORS

TITLE DP  
NAME GONZALEZ, JOSE T  
STREET ADDRESS 611 COLONIAL RD  
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GONZALEZ, JOSE T  
STREET ADDRESS 5500 GEORGIA AVE.  
CITY-ST-ZIP W. P. B. FL 33405 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 607, 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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/03 561-543-9462  
Date Daytime Phone #

CR2E034 (10/02)