

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90077 010 ***150.00

DOCUMENT # P37419

1. Entity Name

COLSON & COLSON GENERAL CONTRACTOR, INC.

Principal Place of Business P.O. BOX 14111 ATTN: D. COLSON SALEM OR 97309 US	Mailing Address ATTN: D. COLSON P.O. BOX 14111 SALEM OR 97309-5026 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 93-0969479	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 % C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing¹ Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	COLSON, HUGH D.	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR 97302	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	COLSON, WILLIAM E.	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR 97302	
TITLE	S	<input type="checkbox"/> Delete
NAME	TIBBOT, GREGORY	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR 97302	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BRENDEN, NORMAN L.	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR 97302	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLSON, WILLIAM E.	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR 97302	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLSON, HUGH D.	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	
CITY-ST-ZIP	SALEM OR 97302	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: William E. Colson *1/22/00* **503 370-7071**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 X 7209

CR2E034 (9/99)