

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055837

1. Entity Name
COLSON FRAMING, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90094 025 ***150.00

Principal Place of Business P.O. BOX 2769 HOMOSASSA FL 34447	Mailing Address P.O. BOX 2769 HOMOSASSA FL 34447-2769
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3335631	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

COLSON, TROY
1080 PALM AVE
HOMOSASSA FL 34448

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLSON, JUDY C 1080 PALM AVE HOMOSASSA FL 34448	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Colson, Judy C 1080 Palm Ave Homosassa FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLSON, TROY D 1080 S. PALM AVENUE HOMOSASSA FL 34498	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOEFLER, GEORGE 886 S ROOKS AVE INVERNESS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P D Hoefler, George 886 S. ROOKS AVE Inverness FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FENDER, ROY 140 LCR 322 INGLISS FL 34449	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P Fender Roy 140 LCR 322 Inglis FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: Judy Colson STD Judy C. Colson 3/20/00 352-563-1083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)