

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000017906

Entity Name  
**COLSON ENTERPRISES, INC.**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90028 020 \*\*\*150.00

Principal Place of Business <b>3087 N. AMPHIBIAN PT. CRYSTAL RIVER FL 34428</b>	Mailing Address <b>3087 N. AMPHIBIAN PT. CRYSTAL RIVER FL 34428</b>
--	--

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

*NEED CHECK  
FOR \$150 BEFORE  
MAY 1ST*



DO NOT WRITE IN THIS SPACE

0900991	Applied For
	Not Applicable
Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
of New Registered Agent	
eptable)	
<b>FL</b>	Zip Code

6. Name and Address of Current Registered Agent

**PONDER, CHARLES J  
% THE BOOKKEEPER & ASSOC., INC.  
2667-B N. FLORIDA AVE.  
HERNANDO FL 34442**

8. The above named entity submits this statement for the purpose of

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COLSON, ERIC D</b>		NAME	
STREET ADDRESS <b>3087 N. AMPHIBIAN PT.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CRYSTAL RIVER FL 34428</b>		CITY-ST-ZIP	
TITLE <b>DST</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COLSON, MELISSA ANN</b>		NAME	
STREET ADDRESS <b>3027 N AMPHIBIAN PT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CRYSTAL RIVER FL 34428</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSTON, JOHN R</b>		NAME	
STREET ADDRESS <b>204 W HERANDON N</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HERNANDO FL 34442</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COLSON, TROY D</b>		NAME	
STREET ADDRESS <b>1080 PALM AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>HOMOSASSA SPRINGS FL 34447</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(g), Florida Statutes. 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: Eric D. Colson      1-8-01      352-795-2964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)