

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90102 004 ***158.75

DOCUMENT # S02303

1. Entity Name
COLONIAL COUNSELING ASSOCIATES, INC.

Principal Place of Business

9318 E. COLONIAL DR.
A15
ORLANDO FL 32817
US

Mailing Address

9318 E. COLONIAL DR.
A15
ORLANDO FL 32817
US

2. Principal Place of Business

6623 E. Colonial Dr.

3. Mailing Address

6623 E. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3039641

Applied For

Not Applicable

Zip

32807

Country

USA

Zip

32807

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HARLOW, HENRY
9318 E. COLONIAL DR.
SUITE A15
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name **Ernest B. Fisher**
Street Address (P.O. Box Number is Not Acceptable)
6623 E. Colonial Dr.
City **Orlando** **FL** Zip Code **32807**

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

Ernest B. Fisher

2-22-02

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, 2002 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 **D** ☒ Delete
NAME **HARLOW, HENRY**
STREET ADDRESS **9318 E. COLONIAL DR., STE. A15**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Ernest B. Fisher**
STREET ADDRESS **6623 E. Colonial Dr.**
CITY-ST-ZIP **Orlando, FL 32807**

TITLE **D** ☒ Delete
NAME **GARVEY, JAMES**
STREET ADDRESS **9318 E. COLONIAL DR., STE. A15**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Cheryl M. Fisher**
STREET ADDRESS **6623 E. Colonial Dr.**
CITY-ST-ZIP **Orlando, FL 32807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Ernest B. Fisher

2-22-02

407-249-1146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)