

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 401920

1. Entity Name
O.R. COLAN ASSOCIATES, INC.



FILED

03 MAR -3 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**439 NE 7TH AVENUE
FT. LAUDERDALE FL 33301**

Mailing Address
**439 NE 7TH AVENUE
FT. LAUDERDALE FL 33301**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number **59-1397236**

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

**COLAN MUTH, CATHERINE
4201 N OCEAN DR UNIT 206
HOLLYWOOD FL 33019**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD COLAN MUTH, CATHERINE 1500 CORDOVA RD STE 210 FORT LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASILA, RICHARD M 527 S.W. 27TH RD. MIAMI FL 3312-9 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRYMAN, ROBERT N 31 TOPPING LANE ST. LOUIS MO 63131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AMMAR, KAREN 4201 N. OCEAN DR., APT. 206 HOLLYWOOD FL 33019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer John L. Shelton 1201 NE 12th Avenue Fort Lauderdale, FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Theodore M. Pluta 650 Bella Vista Court South Jupiter, FL 33477 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Secretary DeLores J. Singletary 5641 NE River Road Chicago, IL 60656 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Verna Ann Neeley 2521 Aspen Lane SW Rochester, MN 55902 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Allen A. Armstrong 15838 Foothill Farm Loop #522 Pflugerville, TX 78660 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / President / CEO Ammar, Karen S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Deborah S. Long 29243 Birds Eye Drive Wesley Chapel, FL 33543 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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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 employment.

SIGNATURE: **John L. Shelton** 2/27/03 (954) 763-5700
Date Daytime Phone #

CR2E034 (10/02)