

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

4. FEI Number **59-1397236** Applied For
Not Applicable

Zip Country Zip Country

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**

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">CPD</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COLAN MUTH, CATHERINE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1500 CORDOVA RD STE 210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE FL 33316</td> <td></td> </tr> </table>	TITLE	CPD	<input checked="" type="checkbox"/> Delete	NAME	COLAN MUTH, CATHERINE		STREET ADDRESS	1500 CORDOVA RD STE 210		CITY-ST-ZIP	FORT LAUDERDALE FL 33316		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Vice President Secretary</td> <td style="width: 10%;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DeLores J. Singletary</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5641 NE River Road</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Chicago, IL 60656</td> <td></td> </tr> </table>	TITLE	Vice President Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	DeLores J. Singletary		STREET ADDRESS	5641 NE River Road		CITY-ST-ZIP	Chicago, IL 60656	
TITLE	CPD	<input checked="" type="checkbox"/> Delete																							
NAME	COLAN MUTH, CATHERINE																								
STREET ADDRESS	1500 CORDOVA RD STE 210																								
CITY-ST-ZIP	FORT LAUDERDALE FL 33316																								
TITLE	Vice President Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	DeLores J. Singletary																								
STREET ADDRESS	5641 NE River Road																								
CITY-ST-ZIP	Chicago, IL 60656																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">V</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BASILA, RICHARD M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>527 S.W. 27TH RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 3312-9</td> <td></td> </tr> </table>	TITLE	V	<input type="checkbox"/> Delete	NAME	BASILA, RICHARD M		STREET ADDRESS	527 S.W. 27TH RD.		CITY-ST-ZIP	MIAMI FL 3312-9		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Vice President</td> <td style="width: 10%;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Verna Ann Neeley</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2521 Aspen Lane SW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Rochester, MN 55902</td> <td></td> </tr> </table>	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Verna Ann Neeley		STREET ADDRESS	2521 Aspen Lane SW		CITY-ST-ZIP	Rochester, MN 55902	
TITLE	V	<input type="checkbox"/> Delete																							
NAME	BASILA, RICHARD M																								
STREET ADDRESS	527 S.W. 27TH RD.																								
CITY-ST-ZIP	MIAMI FL 3312-9																								
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Verna Ann Neeley																								
STREET ADDRESS	2521 Aspen Lane SW																								
CITY-ST-ZIP	Rochester, MN 55902																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MERRYMAN, ROBERT N</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>31 TOPPING LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. LOUIS MO 63131</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	MERRYMAN, ROBERT N		STREET ADDRESS	31 TOPPING LANE		CITY-ST-ZIP	ST. LOUIS MO 63131		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Vice President</td> <td style="width: 10%;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Allen A. Armstrong</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15838 Foothill Farm Loop #522</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pflugerville, TX 78660</td> <td></td> </tr> </table>	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Allen A. Armstrong		STREET ADDRESS	15838 Foothill Farm Loop #522		CITY-ST-ZIP	Pflugerville, TX 78660	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	MERRYMAN, ROBERT N																								
STREET ADDRESS	31 TOPPING LANE																								
CITY-ST-ZIP	ST. LOUIS MO 63131																								
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Allen A. Armstrong																								
STREET ADDRESS	15838 Foothill Farm Loop #522																								
CITY-ST-ZIP	Pflugerville, TX 78660																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">STD</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>AMMAR, KAREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4201 N. OCEAN DR., APT. 206</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD FL 33019</td> <td></td> </tr> </table>	TITLE	STD	<input type="checkbox"/> Delete	NAME	AMMAR, KAREN		STREET ADDRESS	4201 N. OCEAN DR., APT. 206		CITY-ST-ZIP	HOLLYWOOD FL 33019		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Director / President / CEO</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Ammar, Karen S.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	Director / President / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Ammar, Karen S.		STREET ADDRESS			CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete																							
NAME	AMMAR, KAREN																								
STREET ADDRESS	4201 N. OCEAN DR., APT. 206																								
CITY-ST-ZIP	HOLLYWOOD FL 33019																								
TITLE	Director / President / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	Ammar, Karen S.																								
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Secretary / Treasurer</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>John L. Shelton</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1201 NE 12th Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Fort Lauderdale, FL 33304</td> <td></td> </tr> </table>	TITLE	Secretary / Treasurer	<input type="checkbox"/> Delete	NAME	John L. Shelton		STREET ADDRESS	1201 NE 12th Avenue		CITY-ST-ZIP	Fort Lauderdale, FL 33304		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Vice President and</td> <td style="width: 10%;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Deborah S. Long</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>29243 Birds Eye Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Wesley Chapel, FL 33543</td> <td></td> </tr> </table>	TITLE	Vice President and	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Deborah S. Long		STREET ADDRESS	29243 Birds Eye Drive		CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	Secretary / Treasurer	<input type="checkbox"/> Delete																							
NAME	John L. Shelton																								
STREET ADDRESS	1201 NE 12th Avenue																								
CITY-ST-ZIP	Fort Lauderdale, FL 33304																								
TITLE	Vice President and	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Deborah S. Long																								
STREET ADDRESS	29243 Birds Eye Drive																								
CITY-ST-ZIP	Wesley Chapel, FL 33543																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">Vice-President</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Theodore M. Pluta</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>650 Bella Vista Court South</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jupiter, FL 33477</td> <td></td> </tr> </table>	TITLE	Vice-President	<input type="checkbox"/> Delete	NAME	Theodore M. Pluta		STREET ADDRESS	650 Bella Vista Court South		CITY-ST-ZIP	Jupiter, FL 33477		<p style="font-size: 1.2em;">800014095978</p> <p>03/14/03--01093--002 *#153.75</p>												
TITLE	Vice-President	<input type="checkbox"/> Delete																							
NAME	Theodore M. Pluta																								
STREET ADDRESS	650 Bella Vista Court South																								
CITY-ST-ZIP	Jupiter, FL 33477																								

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

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

CR2E034 (10/02)