

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90271 038 \*\*\*150.00

**DOCUMENT # 454676**

1. Entity Name  
**COLONIAL PRODUCTS, INC.**



Principal Place of Business  
**6113 POND TREE CTB  
GREENACRES FL 33463  
US**

Mailing Address  
**P.O. BOX 21262  
WEST PALM BEACH FL 33416-1262  
US**



2. Principal Place of Business

3. Mailing Address  
**6113 POND TREE CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**GREENACRES, FL**

4. FEI Number **59-1545831**

Applied For  
Not Applicable

Zip

Country

Zip  
**33463**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLSAPPLE, CONNIE L  
6113 POND TREE CT  
GREENACRES FL 33463**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **HOLSAPPLE, H. DUANE**  
CITY-ST-ZIP **610 SUMMERHILL LANE**  
**BLAIRSVILLE GA 30512**

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **HOLSAPPLE, CONNIE L**  
CITY-ST-ZIP **6113 POND TREE CT**  
**GREENACRES FL 33463-3040**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **HOLSAPPLE, IVAN C**  
CITY-ST-ZIP **6113 POND TREE CT**  
**GREENACRES FL 33463-3040**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **HOLSAPPLE, JEAN L**  
CITY-ST-ZIP **610 SUMMERHILL LANE**  
**BLAIRSVILLE GA 30512**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

SIGNATURE: CONNIE L. HOLSAPPLE (CONNIE L. HOLSAPPLE) 2-11-03 561-967-7937  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)