

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 476820**

1. Entity Name

CAE, INC.

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90004 020 \*\*\*150.00

Principal Place of Business

Mailing Address

2233 BASCOM WAY  
CLEARWATER FL 33764  
US2233 BASCOM WAY  
CLEARWATER FL 33764  
US**605431**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2233 BASCOM Way  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Clearwater FL

Zip

Country

33764

US

Zip

Country

4. FEI Number 59-2106857

Applied For

Not Applicable

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

COLSON, FRANK  
1186 FAY AVENUE  
LARGO FL 33541

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.

SIGNATURE

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, 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

TITLE VD  
NAME COLSON, FRANK  
STREET ADDRESS 1415 S GREENWOOD AVE  
CITY-ST-ZIP CLEARWATER, FL 00000 ☐ DeleteTITLE PD  
NAME COLSON, ROSE  
STREET ADDRESS 1415 S GREENWOOD AVE  
CITY-ST-ZIP CLEARWATER, FL 00000 ☐ DeleteTITLE T  
NAME COLSON, FREDERICK  
STREET ADDRESS 2233 BASCOM WAY  
CITY-ST-ZIP CLEARWATER FL 33764 ☐ DeleteTITLE S  
NAME COLSON, DEBRA A.  
STREET ADDRESS 2233 BASCOM WAY  
CITY-ST-ZIP CLEARWATER FL 33764 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Fred T Colson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-8-01

Daytime Phone #

727-799-3364

0369759

CR2E034 (10/00)