

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90058 050 \*\*\*150.00

**DOCUMENT # 538550**

1. Entity Name

**COLONIAL ENGINEERING, INC.**

Principal Place of Business

**4000 METZGER ROAD  
P. O. BOX 699  
FT. PIERCE FL 34954**

Mailing Address

**4000 METZGER ROAD  
P. O. BOX 699  
FT. PIERCE FL 34954**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1748807**

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

**PEYMAN, ROBERT C.  
798 S.E. WALTERS TERR.  
PORT ST. LUCIE FL 33454**

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

*ROBERT PEYMAN*

*Robert Peyman V.P.*

*1/11/2001*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COB  
HAAS, CARROLL J  
RT 2 BOX SIMPSON RD  
MENDON, MI 00000** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COB  
HAAS, CARROLL J.  
RT. 2 BOX SIMPSON RD  
MENDON, MI 49072** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
PEYMAN, ROBERT C  
798 SE WALTERS TERR  
PT ST LUCIE, FL 00000** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
PEYMAN, ROBERT C  
798 SE WALTERS TERR  
PORT ST LUCIE, FL 34983** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HAAS, CARROLL J., II  
6215 BRAVO CT.  
PORTAGE MI** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HAAS, CARROLL J., II  
6215 BRAVO CT #2D  
Portage, MI 49081** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DUGGER, MORSE  
2529 N INDIAN RIVER DRIVE  
FORT PIERCE FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DUGGER, MORSE  
2529 N INDIAN RIVER DR  
FORT PIERCE, FL 34946** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MILLER, DON  
7730 ANDREA LANE  
PORTAGE MI** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MILLER DON  
5334 FOUR SEASONS DRIVE  
KALAMAZOO Michigan 49009** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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:

*Don H Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-8-2001*

Date

Daytime Phone #

CR2E034 (10/00)