

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90107 047 ***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



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

6400 Corporate AVE
Suite, Apt. #, etc.

3. Mailing Address

6400 Corporate AVE
Suite, Apt. #, etc.

City & State

KALAMAZOO Michigan

Zip
49002

Country
USA

City & State

KALAMAZOO Michigan

Zip
49002

Country
USA

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COB
HAAS, CARROLL J ☐ Delete
RT 2 BOX SIMPSON RD
MENDON MI 49072

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PEYMAN, ROBERT C ☒ Delete
798 SE WALTERS TERR
PORT SAINT LUCIE FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAAS, CARROLL J., II ☐ Delete
6215 BRAVO CT #2D
PORTAGE MI 49081

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MILLER, DON ☐ Delete
5334 FOUR SEASONS DRIVE
KALAMAZOO MI 49009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 officers empowered.

SIGNATURE: **X Robert Peyman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)