

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 570658

1. Entity Name

THE COLONEY COMPANY CONSULTING ENGINEERS, INC.

Principal Place of Business

1014 N. ADAMS ST.  
TALLAHASSEE FL 32303

Mailing Address

~~1014 N. ADAMS ST.~~  
TALLAHASSEE FL ~~32303~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1520 KILLEARN CENTER BLVD  
32308-3414



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1862453

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

COLONEY, WAYNE H.

~~1014 N. ADAMS ST.~~

TALLAHASSEE FL ~~32303~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1520 KILLEARN CENTER BLVD

City

FL Zip Code

32308-3414

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSC	<input type="checkbox"/> Delete
NAME	COLONEY, WAYNE H	
STREET ADDRESS	<del>1014 N ADAMS ST</del>	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLONEY, WAYNE H	
STREET ADDRESS	1014 N ADAMS ST	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	PSCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1520 KILLEARN CENTER BLVD.	
CITY-STATE-ZIP	32308-3414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 requirements.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-222-8193

CR2E034 (10/00)