## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 687135**

1. Entity Name

COLONY SERVICES, INC.

## **FILED** May 09, 2000 8:00 am Secretary of State 05-09-2000 90137 031 \*\*\*150.00

P. O. 80X 1599 LABELLE FL 33975-1599 US  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Signature  6. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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  9. This corporation is eligible to setisfy its Intangible Tax fling requirement and elects to do so (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  TILE  NAME  SIMITH, ROBERT W.  TILE  Detels  TILE  NAME  SIRETADORSS  SIRET														
P. O. BOX 1999 US  2. Principal Prace of Business  Suite. Apr. #, atc.  Suite. Apr. #, atc.  Suite. Apr. #, atc.  Suite. Apr. #, atc.  City & State  City &	Principal Place of Business Mailing Address													
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE		)		P. O. BOX 1589 LABELLE FL 33975-1589	P. O. BOX 1589 LABELLE FL 33975-1589 US  3. Mailing Address Suite, Apt. #, etc.				* <b>8</b> 311 <b>3838</b> 1	<b>                                   </b>	1811 81814 818 <u>1</u> 1 841	10. <b>11.1</b> 1		
City & State	2. Principal Pl	ace of Busin	ness	3. Mailing Address										
Zip Country Zip Country 5. Certificate of Status Desired Status De	Suite, Apt.	#, etc.		Suite, Apt. #, etc.										
6. Name and Address of Current Registered Agent  SMITH, WILLIAM R. 8191 COLLEGE PARKWAY SUITE 300 FT. MYERS FL 33919 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 Signam, freed or pried tense of registered agent and tise it applicable.  Post 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 Signam, freed or pried tense of registered agent and tise it applicable.  Post This concentration is displicit to satisfy its Intangulble Tax Hilling requirement and elects to do so. (See chiefle or track)  The Complete of the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed or pried tense of registered agent, or both, in the State of Florida.  SIGNATURE Signam, freed	City & State	<del></del>	<u> </u>	City & State				59-2 100931						
SMITH, WILLIAM R. 8191 COLLEGE PARKWAY SUITE 300 FT. MYERS FL 33919  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  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing Trust Fund Contribution.  10. SSSOO May Be Addition Make Check Payable to Department of State  10. SSSOO SR 80 S.W.  10. SSSOO SR 80 S.W.  10. SSSOO SR 80 S.W.  10. Change   Addition  10. Make Sheet Address to determine the purpose of changing its registered agent, or both, in the State of Florida.  10. Election Campaign Financing Trust Fund Contribution.  10. SSSOO SR 80 S.W.  10. SSSOO SR 80 S.W.  10. SSSOO SR 80 S.W.  10. Change   Addition  10. Change   Addition  10. SSSOO SR 80 S.W.  10. SSSOO SR 80 S.W.  10. STATE ADDRESS 10. Change   Addition  10. Change   Addition  10. SSSOO SR 80 S.W.  10. Change   Addition  10. Change   Change   Addition  10. Change   Change   Change   Change   Change   Change   Change   Change   Change   Ch	Zip	<i>,</i> .	Country	Zip	Zip Country									
SMITH, WILLIAM R. 8 191 COLLEGE PARKWAY SUITE 300 FT. MYERS FL 33919  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ficrida.  SIGNATURE  ### Speakers Noted a privace removed registered agent, or both, in the State of Ficrida.  SIGNATURE  ### Speakers Noted a privace removed registered agent, or both, in the State of Ficrida.  SIGNATURE  ### Speakers Noted a privace removed registered agent, or both, in the State of Ficrida.  SIGNATURE  ### Speakers Noted agent are required removed registered agent, or both, in the State of Ficrida.  ### STATE NOTED IN THE Park Required Register Required Required Register Required Required Register Required Required Register Register Required Register Regist		6. Name	and Address of Current	Registered Agent	<u> </u>		7. N	Name and Ad	dress of	New Regist	ered Agent			
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   Signat	CMIT					Name					= v′ ·			
R. The above named entity submits this statement for the purpose of changing its registered eigneur, or position, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so	8191 COLLEGE PARKWAY					Street Address (P.O. Box Number is Not Acceptable)								
SIGNATURE  9. This corporation is eligible to setisfy its intangible Tax filing requirement and elects to do so. (See criteris on back)  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  SMITH, ROBERT W. 17950 CYPRESS CK RD ALVA FL  STREET ADDRESS CITY-S1-2P  CITY-S1-2P  TITLE  NAME STREET ADDRESS CITY-S1-2P  TITLE NAME STREET ADDRESS CITY-S1-2P  Change Addition							City FL Zip Code							
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CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-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 and the control of	I					1								

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR