NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90143 003 ****70.00

DOCUMENT # 754317

1. Entity Name

COLONIAL HEIGHTS, INC

830748

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O DUHON	C/O DUHON
Suite, Apt. #, etc. 6261 S.E. COLONIAL DR.	Suite, Apt. #, etc. 6261 S.E. COLONIAL DR.
City & State STUART, FL. 34997	City & State STUART, FL 34997-8253
Zip / Country	Zip / Country

4. FEI Number 59-2388582 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BOBBY D. DUHON

Street Address (P.O. Box Number is Not Acceptable): 6261 S.E. COLONIAL DR.

City: STUART, FL. 34997-8253 | 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.

BOBBY D. DUHON — Bobby D. Duhon — 4/4/02
SIGNATURE (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	TOMKOWICZ, VIRGINIA	NAME	
STREET ADDRESS	6325 S.E. COLONIAL DR.	STREET ADDRESS	
CITY-ST-ZIP	STUART,FL. 34997	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	BRADSLEE, GARY	NAME	
STREET ADDRESS	6321 S.E. COLONIAL DR.	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34997	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	SINCLAIR, JOHN	NAME	
STREET ADDRESS	6325 S.E. COLONIAL DR.	STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	STUART, FL. 34997	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	DUHON. BOBBY	NAME	
STREET ADDRESS	6261 S.E. COLONIAL DR.	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL. 34997	CITY-ST-ZIP	
TITLE	WD	TITLE	
NAME	SPRAUER, CHARLIE	NAME	
STREET ADDRESS	6351 S.E. COLONIAL DR.	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL. 34997	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. BOBBY D. DUHON

SIGNATURE: Bobby D. Duhon — 4/1/02 — 772-220-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #