

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012830 AF

DOCUMENT # A97000001729

1. Entity Name

COLONIAL & METRO, LTD.

Principal Place of Business

705 EAST OAK STREET, SUITE E  
KISSIMMEE FL 32744

Mailing Address

705 EAST OAK STREET, SUITE E  
KISSIMMEE FL 32744

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

204 E 17TH STREET

Suite, Apt. #, etc.  
SUITE 202

City & State

COSTA MESA, CA

Zip  
92627

Country

USA

4. FEI Number

59-3462362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JIMMIE D  
705 EAST OAK STREET, SUITE E  
KISSIMMEE FL 32744

7. Name and Address of New Registered Agent

Name  
DECUBELLIS & MEEKS PROFESSIONAL ASSOCIATION

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

837 NORTH GARLAND AVENUE

City  
ORLANDO

FL

Zip Code  
32801

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.

(NOT Registered Agent signature required when reinstating)

4/26/2001

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000069115  
NAME METRO PARKWAY LEE COUNTY, INC.  
STREET ADDRESS 705 EAST OAK STREET, SUITE E  
CITY-ST-ZIP KISSIMMEE FL 32744

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Jimmie D. Williams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1-01

Date

(949) 764-2669

Daytime Phone #

CR2E003 (11/00)

FILED

01 APR 27 PM 12:13

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE