

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006713

1. Entity Name

INTERSPACE BY COLBURN AND ASSOCIATES INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90062 047 ***150.00

0001538

Principal Place of Business

Mailing Address

PO BOX 120591
WEST MELBOURNE FL 32912-0591

PO BOX 120591
WEST MELBOURNE FL 32912-0591

531054

2. Principal Place of Business

9012 YORK LN #9H

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WEST MELBOURNE FL

City & State

Zip

32912-0591

Country

USA

Zip

Country

4. FEI Number

35-1577660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLBURN, SCOTT

9017 SCARSDALE CT., #G

WEST MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

SCOTT COLBURN

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

9012 YORK LN #9H

City

WEST MELBOURNE

FL

Zip Code

32912-0591

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 SCOTT W COLBURN

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

(NOTE: Registered Agent signature required when reinstating)

SCOTT W COLBURN 2-7-01

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

TITLE ☐ Delete
NAME CD
STREET ADDRESS COLBURN, SCOTT
CITY-ST-ZIP 9017 SCARSDALE CT #G
W. MELBOURNE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME CD
STREET ADDRESS SCOTT COLBURN
CITY-ST-ZIP 9012 YORK LN #9H
WEST MELBOURNE FL 32904

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SCOTT W COLBURN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT W COLBURN 2-7-01

Date

Daytime Phone #

321-956-9593

CR2E034 (10/00)