## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Suite, Apt. #, etc.

City & State

Zip

## F03719 DOCUMENT # 1. Entity Name



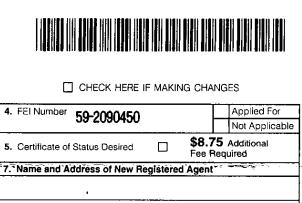
Principal Place of Business Mailing Address 1723 N. FLORIDA AVENUE 1723 N. FLORIDA AVENUE LAKELAND FL 33805 LAKELAND FL 33805 U\$ US 2. Principal Place of Business 3. Mailing Address

6. Name and Address of Current Registered Agent

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

FILED			
Mar 03, 2003 8:00 am			
Secretary of State			
02 02 2002 00000 040 ************			

03-03-2003 90968 048 \*\*\*150.00



DATE

CHRITTON, CHARLES P.

COLONIAL FUNDING, INC.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

6155 SOUTH FLORIDA AVENUE	Street Address (P.O. Box Number is Not Acceptable)	
LAKELAND FL 33803		
	City	FL Zip Code

Name

(NOTE: Registered Agent signature required when reinstating)

Country

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. I am familiar with, and accept the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition CULPEPPER, DONALD E. NAME NAME PO BOX 275 N A STREET ADDRESS STREET ADDRESS **DURANT FL** CITY-ST-ZIP CITY-ST-ZIP **VSD** TITLE ☐ Delete TITLE ☐ Change Addition DIALS, MARY G. NAME NAME 2111 SMITHFIELD PLACE STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

G-D14/5 3-1-03 (863)687-247