2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F56896

1. Entity Name

CHROMA INCORPORATED

Principal Place of Business	Mailing Address
3612 W SWANN AVENUE TAMPA FL 33609	3612 W SWANN AVENUE TAMPA FL 33609

FILED

00 OCT 18 PM 6: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number **59-2141414** ☐ Applied For ☐ Not Applicable
City & State	City & State	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country	Zip Country	

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
COTT, GEORGE A 3612 W SWANN AVENUE TAMPA FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) 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 *George A. Cott*

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **DP** NAME **COTT, GEORGE A** STREET ADDRESS **3612 W SWANN AVENUE** CITY-ST-ZIP **TAMPA FL 33609**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003449099---6 -11/02/00--01078--014 ****750.00 ****750.00	☐ Change ☐ Addition
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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: *Signature REQUIRED*   9/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #