

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90715 018 ***150.00

DOCUMENT # G84385

1. Entity Name
COLONY 19 INVESTMENTS, INC.



Principal Place of Business
**16970 NE 243RD STREET ROAD
P.O. BOX 60
FT.MCCOY FL 32134-7060**

Mailing Address
**16970 NE 243RD STREET ROAD
P.O. BOX 60
FT.MCCOY FL 32134-7060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2393787**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAUNDEANE, EDDIE L.
16970 NE 243RD STREET ROAD
P.O. BOX 60
FT.MCCOY FL 32134-7060**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAUNDEANE, EDDIE L	
STREET ADDRESS	16970 NE 243RD ST ROAD	
CITY-ST-ZIP	FT.MCCOY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAUNDEANE, JACQUELINE	
STREET ADDRESS	16970 NE 243RD ST ROAD	
CITY-ST-ZIP	FT.MCCOY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

Jacqueline L. Laundean, Secretary

SIGNATURE: *Jacqueline L. Laundean*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (352) 546-1119
Date Daytime Phone #

CR2E034 (10/02)