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**FILED** 

Jan 10, 2002 8:00 am

Glenn M. Calson 1-4-02 586-255-0577

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## G94711 **DOCUMENT #** Secretary of State 1. Entity Name COLSON CORPORATION, INC. 01-10-2002 90002 005 \*\*\*150.00 Principal Place of Business Mailing Address % GLENN M. COLSON % GLENN M. COLSON 826 NORTH SEAGRAVE ST 826 NORTH SEAGRAVE ST DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 59-2389718 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLSON, GLENN M. 826 NORTH SEAGRAVE AVENUE DAYTONA BEACH FL 32014-8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. (See criteria on back) Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)☐ Delete TITLE Change TITLE COLSON, GLENN M. NAME 826 N. SEAGRAVE AVENUE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-78P ☐ Change ☐ Addition ☐ Delete TITLE TITLE COLSON, JANICE E NAME 826 N. SEAGRAVE AVENUE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE COLSON, LARRY D. NAME NAME 826 N. SEAGRAVE AVENUE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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.