2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G94711

1. Entity Name

COLSON CORPORATION, INC.

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90414 047 ***150.00

					WE !						
% GLENN M	ce of Business , COLSON SEAGRAVE ST	% G	Mailing Address % GLENN M. COLSON 826 NORTH SEAGRAVE ST								
	EACH FL 32114		TONA BEACH FL 321				(1881) (1888) 1874 (188 4) 188 4 (1 88 4) 18		J e Cha el !		
2. Principal	Place of Business	3. Ma	3. Mailing Address								
Suite, Apt	. #, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	City	City & State			4.	4. FEI Number Applied For S9-2389718 Applied For Not Applied				
Zip	Country	Zip	Zip Country			5.	5. Certificate of Status Desired S8.75 Additional Fee Required			ot Applicable ditional	
	6. Name and Address of C	urrent Registere	ed Agent	<u> </u>		7	Name and Address of New Regis		equire		
					Name		Maine and Address of Mew Negls	tereu Agent		 .	
	, GLENN M.		-			ss (P.O. E	ss (P.O. Box Number is Not Acceptable)				
	TH SEAGRAVE AVENUE A BEACH FL 32114				***************************************						
-					City				p Cod		
8. The above the obliga	e named entity submits this state tions of registered agent.	ment for the purp	ose of changing its	registered	office or regis	stered ag	ent, or both, in the State of Florida.	1 am familia	with,	and accept	
SIGNATURE	Signature, typed or printed name of register	ed agent and title if app	licable. (NOTE	F. Registered A	gent signature requ	uirad whon re	nine totica)	O.ATE			
							an statisty)	DATE			
Afte	ILE NOW!!! FEE IS \$150.0 r May 1, 2003 Fee will be \$5: k Payable to Florida Departm	50.00					Election Campaign Financi. Trust Fund Contribution.	~ ¬	\$5.0 Added	0 May Be I to Fees	
10.		S AND DIRECTO	RS	11.		Δ.	L DITIONS/CHANGES TO OFFICER	C AND DIDE	OTOBI	2 15 1 2 2	
TITLE	PD	1	☐ Delete	TITLE			DITIONS/CHANGES TO OFFICER				
NAME	COLSON, GLENN M.			NAME				☐ Ch	ange	Addition	
STREET ADORESS	826 N. SEAGRAVE AVENU	Ε		STREET	ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL	_		CITY-ST	r-ZIP					,	
TITLE	STD	-	☐ Delete	TITLE				☐ Ch	ange	☐ Addition	
NAME	COLSON, JANICE E			NAME					ungo	L) Addition	
STREET ADDRESS	826 N. SEAGRAVE AVENU	E		STREET	ADDRESS						
CITY-ST-ZIP	Daytona Beach FL			CITY-ST	-ZIP						
TITLE	VD	. •	Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Ch	ange	☐ Addition	
NAME STREET ADDRESS	COLSON, LARRY D.			NAME				•			
STREET ADDRESS CITY-ST-ZIP	826 N. SEAGRAVE AVENUE	E			ADDRESS						
TITLE	DAYTONA BEACH FL			CITY-ST	- ZIP	-					
NAME			Delete	TITLE				☐ Cha	ange	Addition	
STREET ADDRESS				NAME Street A	Innbeec						
CITY-ST-ZIP				CITY-ST	Ł						
TITLE			□ Delete	TITLE		-	<u>.</u>				
NAME			L Delete	NAME				☐ Cha	ınge	Addition	
STREET ADDRESS				STREET A	DDRESS						
CITY-ST-ZIP			_	CITY-ST-						1	
TITLE			☐ Delete	TITLE			-	☐ Cha		☐ Addition	
NAME				NAME				_ 5110	· # *		
STREET ADDRESS				STREET A							
CITY-ST-ZIP	7. 184			CITY-ST-	ZIP					Ì	
12. Thereby co	ertify that the information supplie	d with this filing o	lone not qualify for	AL		.					

refereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 386-255-0577