

DOCUMENT # H79802

1. Entity Name

COLONIAL ACRES MOTEL, INC.

Feb 08, 2000 8:00 :
Secretary of State

02-08-2000 90169 050 ***150.00

Principal Place of Business

Mailing Address

3111 NE 48TH STREET
LIGHTHOUSE POINT FL 330643111 NE 48TH STREET
LIGHTHOUSE POINT FL 33064-7141

00017101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2582756

Not

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASLAM, WILLIAM P.
3111 NE 48TH STREET
LIGHTHOUSE POINT FL 33064

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE P
NAME HASLAM, WILLIAM P. ☐ Delete
STREET ADDRESS 3111 NE 48TH STREET
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064TITLE S
NAME HASLAM, CAROL ☐ Delete
STREET ADDRESS 3111 NE 48TH STREET
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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NAME
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 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 the report, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date