

2001 UNIFORM BUSINESS REPORT (UBR)

0344241

DOCUMENT # J70351

1. Entity Name
COLDATA, INC.

FILED

01 JAN 22 PM 2: 32

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

KE

Principal Place of Business
% WILLIAM KREINER
5444 BAY CENTER DRIVE. #216
TAMPA FL 33609

Mailing Address
% WILLIAM KREINER
5444 BAY CENTER DRIVE. #216
TAMPA FL 33609

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3111 South Dixie Highway
Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
101

Zip
33405

Country
Palm Beach

4. FEI Number 58-1736905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HARDISON, SCOTT
5444 BAY CENTER DRIVE.
STE. 216
TAMPA FL 33609

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
000003623350-7
-02/02/01-01023-007
City
****150.00 FL ****150.00

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, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SCHWARTZ, RUVIN 926 LAWRENCE COURT NORTH WOODMERE NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Stanley R. Fish 3000 Corporate Exchange Dr. Columbus, OH 43231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Kenneth E. Monnett 3000 Corporate Exchange Dr. Columbus, OH 43231
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack M. Klein
1/17/01
561 671-2151
Date Daytime Phone #

CR2E034 (10/00)