

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90023 001 ***300.00

DOCUMENT # K11297

1. Entity Name

COLORMATE OF JACKSONVILLE, INC.

Principal Place of Business C/O MICHAEL LAWRENCE CURTIN PINE ISLAND COURT JACKSONVILLE FL 32224	Mailing Address C/O MICHAEL LAWRENCE CURTIN 2360 PINE ISLAND COURT JACKSONVILLE FL 32224-1167 US
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14361



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10218 BEACH BLVD Suite, Apt. #, etc.	3. Mailing Address 10218 BEACH BLVD Suite, Apt. #, etc.
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City & State Jacksonville Fla	City & State Jacksonville Fla
Zip 32246	Zip 32246
Country USA	Country USA

4. FEI Number 59-2863833	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 CURTIN, MICHAEL LAWRENCE
 14084 PINE ISLAND DRIVE
 JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent
 Name: Robert C. Simcox
 Street Address (P.O. Box Number is Not Acceptable): 3796 BIGGINS Church Rd W
 City: Jacksonville FL Zip Code: 32224

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: Robert C. Simcox
 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 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	D	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURTIN, MICHAEL L.		NAME	Simcox, Robert C.	
STREET ADDRESS	14084 PINE ISLAND DR.		STREET ADDRESS	3796 Biggins Church Rd W	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Jacksonville Fla 32224	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Robert C. Simcox
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000 (904) 646-3831
 Date Daytime Phone #