

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K24589

1. Entity Name

PHOTO CHEMICAL SYSTEMS OF FLORIDA, INC.

**FILED**  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90236 031 \*\*\*150.00

Principal Place of Business

310 ANCHOR ROAD  
CASSELBERRY FL 34707-3296  
US

Mailing Address

310 ANCHOR ROAD  
CASSELBERRY FL 32707-3296  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2953752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLTON, FREDERIC T. III  
310 ANCHOR RD  
CASSELBERRY FL 32707

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, 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 ~~DP~~ ☐ Delete  
NAME COLTON, FREDERIC T  
STREET ADDRESS 510 DEVON PLACE  
CITY-ST-ZIP HEATHROW FL

TITLE CHAIRMAN/CEO/DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~VP~~ ☐ Delete  
NAME COLTON, KEVIN  
STREET ADDRESS 310 ANCHOR DR  
CITY-ST-ZIP CASSELBERRY FL

TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~SD~~ ☐ Delete  
NAME COLTON, LINDA  
STREET ADDRESS 310 ANCHOR DR  
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~VP~~ ☐ Delete  
NAME COLTON, FREDERIC T IV  
STREET ADDRESS 310 ANCHOR RD  
CITY-ST-ZIP CASSELBERRY FL

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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

1-15-01

Date

407-830-6313

Daytime Phone #

CR2E034 (10/00)