

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K39734

1. Entity Name
COLSON CONSTRUCTION CORPORATION

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90319 035 ***150.00

Principal Place of Business
P.O. BOX 50028
LIGHTHOUSE POINT FL 33074
US

Mailing Address
P.O. BOX 50028
LIGHTHOUSE POINT FL 33074
US

725016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0130271

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KIPNIS, ALAN
ONE FINANCIAL PLAZA #2308
FORT LAUDERDALE FL 33394

Name JENNIFER COLSON
Street Address (P.O. Box Number is Not Acceptable) 4701 N. Federal Highway #315
City Lighthouse Point FL Zip Code 33064

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 JENNIFER COLSON
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/1/01
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 PT
NAME COLSON, EDWARD M
STREET ADDRESS P.O. BOX 50028 N/A
CITY-ST-ZIP LIGHTHOUSE POINT FL 33074 ☐ Delete

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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: EDWARD COLSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 954-238 3381
Date Daytime Phone #

CR2E034 (10/00)