

3/29/02-91215-001-\$50.00-\$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006800

1. Entity Name

THE COLONY VENTURES, LLC

Principal Place of Business

1881 TRADE CENTER WAY
NAPLES FL 34109

Mailing Address

1881 TRADE CENTER WAY
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-371650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLINGS, INC.
3732 N.W. 18TH ST.
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name **DINO J. LONGO**

Street Address (P.O. Box Number is Not Acceptable)

1881 TRADE CENTER WAY

City **NAPLES**

FL

Zip Code **34109**

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 due if applicable.

(NOTE: Registered Agent signature required when reappointing)

3-13-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
MGRM LONGO, DINO 1823 TRADE CENTER WAY NAPLES FL 34109			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-13-02

Date

Daytime Phone #

FILED

02 JUL -1 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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