

2001 UNIFORM BUSINESS REPORT (UBR)-

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90013 040 ***150.00

DOCUMENT # L54699

1. Entity Name
COLONIAL SQUARE SHOPPING CENTER INC.

Principal Place of Business
1620 MEDICAL LANE
STE 148
FT. MYERS FL 33919
US

Mailing Address
P.O. BOX 07478
FT MYERS FL 33919
US

C0034011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Colonial Square Shopping Center
 Suite, Apt. #, etc.
8250 N.W. 136 Ave. Rd.
 City & State
Ocala, Fl.
 Zip
34482
 Country
Marion

3. Mailing Address
Colonial Square Shopp. Ctr.
 Suite, Apt. #, etc.
4421 N.W. Blycton Rd. #350
 City & State
Ocala, Fl.
 Zip
34482
 Country
Marion

4. FEI Number **65-0178448**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
O'REILLY, LAWRENCE
4460 GAMINO REAL WAY #2
FORT MYERS FL 33972

7. Name and Address of New Registered Agent
 Name
Lawrence O'Reilly
 Street Address (P.O. Box Number is Not Acceptable)
8250 N.W. 136 Ave. Rd.
 City
Ocala **FL** Zip Code
34482

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	O'REILLY, LAWRENCE P	
STREET ADDRESS	8250 NW 136 AVE #6	
CITY-ST-ZIP	OCALA FL 34482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Lawrence P. O'Reilly* 3-12-01 (352) 351-1949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0388000

CR2E034 (10/00)