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**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAR 18 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

MARK COLONNA INC. 694729

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

404 S. Riverside Dr.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

0203

City & State

Pompano Beach FL

City & State

4. FEI Number

05 0266833

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MARK J. COLONNA

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

404 S. Riverside Dr.

Pompano Beach FL

City

FL

Zip Code

33062

**DO NOT WRITE  
IN THIS SPACE**

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



(NOTE: Registered Agent signature required when reinstating)

DATE

3.4.3

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MARK J. COLONNA  
404 S. Riverside Dr.  
Pompano Beach FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900013926059  
03/11/03--01069--011 \*\*300.00

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



MARK J. COLONNA

3.4.3

954-941-9461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

*paperwork*


January 24, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I respectfully request that you waive the late filing fee due to the fact that my corporation never received the prior notice. I have included a check for the original filing fee amount of \$150.00.

Thanking You In Advance,

  
Mark Colonna

ADDRESS

MARK COLONNA  
404 S. Riverside Dr.  
Pompano Beach, FL  
33062