

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90209 021 \*\*\*\*50.00

**DOCUMENT # L99000005074 RECEIVED**

1. Entity Name

THE COLSON - NOLAN GROUP, L.L.C.

**JAN 09 2002**

Principal Place of Business

4701 N. FEDERAL HIGHWAY  
 SUITE 455  
 LIGHTHOUSE POINT FL 33064

Mailing Address

21218 ST ANDREWS BLVD  
 #501  
 BOCA RATON FL 33433

2. Principal Place of Business

21218 ST. ANDREWS BLVD

3. Mailing Address

Suite, Apt. #, etc.

#50

City & State

BOCA RATON, FL

Zip

33433

Country

USA BOCA

6. Name and Address of Current Registered Agent

NOLAN, DANIEL P  
 3312B SPANISH WELLS DR  
 DELRAY BEACH FL 33445

4. FEI Number

65-0940900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
 Fee Required

7. Name and Address of New Registered Agent

Name

DANIEL P NOLAN

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

21218 ST. ANDREWS BLVD, #501

City

BOCA RATON

FL

Zip Code

33433

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
 NAME NOLAN, DANIEL P  
 STREET ADDRESS 21218 ST ANDREWS BLVD #501  
 CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE MGRM  
 NAME COLSON, EDWARD M  
 STREET ADDRESS 4701 N. FEDERAL HIGHWAY  
 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 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)(i), 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:

*Daniel P. Nolan*

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

3/29/02 553.415.1750

Date

Daytime Phone #

CR2E083 (9/01)