

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90219 030 ***150.00

0277464

DOCUMENT # M24642

1. Entity Name

COLWELL BUILDING CORPORATION, INC.

Principal Place of Business

% JOHN R. THOMPSON
 120 E OAKLAND PK BLVD. S105
 FT LAUDERDALE FL 33334
 US

Mailing Address

% JOHN R. THOMPSON
 120 E OAKLAND PK BLVD. S105
 FT LAUDERDALE FL 33334
 US

2. Principal Place of Business

4980 SW Hammock Creek Dr

Suite, Apt. #, etc.

3. Mailing Address

4980 SW Hammock Creek Dr

Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Palm City FL

Zip

34990

Country

USA

Zip

34990

Country

USA

4. FEI Number

59-2723463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JOHN R.
4980 SW HAMMOCK CREEK DR
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **John R. Thompson President - John R. Thompson**

04-16-01

(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 **P** ☐ Delete
 NAME **THOMPSON, JOHN R.**
 STREET ADDRESS **4980 SW HAMMOCK CREEK DR**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

John R. Thompson President

04-16-01

561-781-2980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)