2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97117 1. Entity Name REBECCA B. COLTON, P.A.					Secretary of State 04-24-2002 90295 024 ***150.00			
Principal Place of Business 3055 CARDINAL DR #303 VERO BEACH FL 32963-4901 US		Mailing Address 3055 CARDINAL DR #303 VERO BEACH FL 32963-4901 US			I jariar ii hir ibuli larti diga kudu k	88) 81811 2020 91211 8121	DI 1898) dia n 1888	
2. Principal	Place of Business	3. Mailing Address						
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	ate	City & State		4.	FEI Number 59-2934938		Applied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 / Fee Requ	Not Applicable Additional	
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Regi			
COLTON, REBECCA B. 3055 CARDINAL DR, STE 303 VERO BEACH FL 32963			Street A					
8. The above	e named entity submits this statement for	the purpose of changing its	City	or registered an	rent or both in the State of Clarida	FL Zip Co	ode	
SIGNATURE 7. This corporate filling	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	d title if applicable. (NOTE	Registered Agent signa	ture required when re	einstating) 10. Election Campaign Finance	DATE	00 May Be	
(Seg crite	ria on back) OFFICERS AND D	Make Check Payab	le to Departmen	t of State	Trust Fund Contribution.	L. Add	ed to Fees	
TITLE NAME STREET AODRESS CITY-ST-ZIP	P COLTON, REBECCA B. 4890 13TH LANE VERO BEACH FL	Delete	12. TITLE NAME STREET ADDRESS	AD	DITIONS/CHANGES TO OFFICER	RS AND DIRECTO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TENO BENOTITE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #