

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90364 038 ****61.25

DOCUMENT # N13137

1. Entity Name

COLUMBIAN #1, INC.

Principal Place of Business

Mailing Address

5850 KOFC DRIVE
 PORT RICHEY FL 34668

P O BOX #368
 PORT RICHEY FL 34668
 US

020312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3059658

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTMAN, JAMES J
5539 DELAWARE AVE
NEW PT RICHEY FL 34652

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	TORRE, RALPH	P O BOX 658	PALM HARBOR FL 34683	<input checked="" type="checkbox"/>
VP	RAPPA, LOUIS	13923 HELEN AVE	PORT RICHEY FL 34668	<input checked="" type="checkbox"/>
T	GIACCHINO, CHARLES	1741 PERCHERON DRIVE	NEW PORT RICHEY FL 34665	<input type="checkbox"/>
TD	TORRE, RALPH	P O BOX 658	PALM HARBOR FL 34683	<input checked="" type="checkbox"/>
TD	SUDZIN, EDWARD	1400 KINSMERE DR	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/>
PD	DESANTIS, RUDOLPH V	9209 GLEN MOOR LN	PORT RICHEY FL 34688	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP	TORRE RALPH	PO BOX 658	PORT RICHEY FL 34673	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P.	PALGUTT JOSEPH	8813 SPRING HAVEN BLVD	NEW PORT RICHEY FL 34655	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	DOMINIC ZAPPALÀ	3812 HAVEN DRIVE	NEW PORT RICHEY FL 34652	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like authority empowered.

SIGNATURE:

Charles Giacchino

1/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)