

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90198 027 \*\*\*150.00

DOCUMENT # P000000 62776

1. Entity Name

A Color in Time, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

100 S. 9th St

Suite, Apt. #, etc.

3. Mailing Address

100 S. 9th St

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

Palatka, FL

Zip

32177

Country

USA

Zip

32177

Country

USA

4. FEI Number

59-3654811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Susan M. Frank

Street Address (P.O. Box Number is Not Acceptable)  
314 S. 8th Street

City Palatka

FL

Zip Code 32177

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Vice President, Secretary  
NAME Jeffrey Todd Frank  
STREET ADDRESS 100 S 9th Street  
CITY - ST - ZIP Palatka, FL 32177

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE President Treasurer  
NAME Susan M. Frank  
STREET ADDRESS 100 S. 9th Street  
CITY - ST - ZIP Palatka, FL 32177

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan M. Frank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386  
4-29-03 325-3361

CR2E034B (12/02)