

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90975 032 ***150.00

DOCUMENT # P00000110193

1. Entity Name
COLONIAL REAL ESTATE CORPORATION



Principal Place of Business
312 E. VBENICE AVE.
103
VENICE FL 34292

Mailing Address
312 E. VBENICE AVE.
103
VENICE FL 34292

70024119



2. Principal Place of Business
1201 EAST GATE DR
Suite, Apt. #, etc.

3. Mailing Address
1201 EAST GATE DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Venice, FL
Zip
34292
Country
USA

City & State
Venice, FL
Zip
34292
Country
USA

4. FEI Number 65-1060772
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDY, JOHN C
847 JOLANDA CIRCLE
VENICE FL 34292

7. Name and Address of New Registered Agent

Name
John C. Hardy
Street Address (P.O. Box Number is Not Acceptable)
1201 EAST GATE DR
City
Venice FL Zip Code
34292

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 *John C. Hardy* DATE 2/27/03
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, JOHN C 312 E. VBENICE AVE. #103 VENICE FL 34292	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John C. Hardy 1201 EAST GATE DR Venice, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John C. Hardy* DATE 2/27/03 (541) 488-8842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)