2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 29, 2002 8:00 am Secretary of State P01000035880 **DOCUMENT #** 04-18-2002 90462 036 ***150.00 1. Entity Name THE COLBY COMPANY, INC. Principal Place of Business Mailing Address 31218 2600 FIRST AVE NORTH 2000 FIRST AVE NORTH ST PETERSBURG FL 33713 ST PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3705918 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent_ WALRATH, BRETT Street Address (P.O. Box Number Is Not Acceptable) 2600 FIRST AVE NORTH ST PETERSBURG FL 33713 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DF Walrath, TITLE (9/01) ☐ Delete TITLE Brett Addition ☐ Channe MAME NAME 2600 1st Ave. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP St. Petersburg, Fl 33713 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME Govoni, Leo J STREET ADDRESS STREET ADDRESS 2600 1st Ave. N. CITY-ST-ZIP CITY-ST-ZIP <u>St. Petersburg. FL 33713</u> TITLE . - Change - Addition NAME: NAME____ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE □ Change ☐ Addition MANAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete URE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pry 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

FILED