

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90407 046 \*\*\*150.00

0119642  
 AV

**DOCUMENT # P01000061272**

1. Entity Name

**COLO SOLUTIONS GLOBAL SERVICES, INC.**

Principal Place of Business

**304 S HARBOR CITY BLVD SUITE 201  
 MELBOURNE FL 32901**

Mailing Address

**304 S HARBOR CITY BLVD SUITE 201  
 MELBOURNE FL 32901**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 411570**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MELBOURNE, FL**

City & State

City & State

Zip

Country

Zip

Country

**32941-1570**

**USA**

4. FEI Number

**59-3748713**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DETTMER, DALE A  
 304 S HARBOR CITY BLVD SUITE 201  
 MELBOURNE FL 32901**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **STAFFORD, RONALD**  
 STREET ADDRESS **521 WHISPERING PLACE CIRCLE**  
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** ☐ Change ☒ Addition  
 NAME **SCOTT WILMONT**  
 STREET ADDRESS **6972 WILLOW CT.**  
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **RONALD STAFFORD**  
 STREET ADDRESS **560 HAWKSBILL ISLAND DR**  
 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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 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 name, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/2002 321-254-3935**  
 Day Daytime Phone #

CR2E034 (9/01)