

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90082 020 ***150.00

DOCUMENT # P01000061272

1. Entity Name
COLO SOLUTIONS GLOBAL SERVICES, INC.



Principal Place of Business
100 W Lucerne Circle
Suite, Apt. #, etc.
Suite 201

Mailing Address
Same as #2
Suite, Apt. #, etc.

2. Principal Place of Business
100 W Lucerne Circle

3. Mailing Address
Same as #2
Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 201
City & State
Orlando, FL

Zip
32801
Country
USA

4. FEI Number
59-3748713
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REIMER, DAVE##
300 S HARBOR CITY BLVD SUITE 200
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name
Scott Wilmont
Street Address (P.O. Box Number is Not Acceptable)
100 W. Lucerne Circle
Suite 201
City
Orlando **FL** Zip Code
32801

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 **Scott Wilmont** (NOTE: Registered Agent signature required when reinstating) DATE **2/5/03**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STAFFORD, RONALD 560 HAWKSSIDE ISLAND DR SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILMONT, SCOTT 6972 WILLOW CT MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/CEO Wilmont, Scott 6972 Willow Ct. Melbourne, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SCOTT WILMONT** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE **2/5/03** DAYTIME PHONE # **407-210-2480**

CR2E034 (10/02)