

# 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**  
City & State  
**Orlando, FL**  
Zip  
**32801**  
Country  
**USA**

Mailing Address  
**Same as #2**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

JULI 2003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**100 W Lucerne Circle**  
Suite, Apt. #, etc.  
**Suite 201**  
City & State  
**Orlando, FL**  
Zip  
**32801**  
Country  
**USA**

3. Mailing Address  
**Same as #2**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

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  
**DETIMER, DAVE##**  
**300 S HARBOR CITY #1100 SUITE #200**  
**MELBOURNE FL 32906##**

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* DATE 2/5/03  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>STAFFORD, RONALD</b> <b>560 HAWKSSIDE ISLAND DR</b> <b>SATELLITE BEACH FL 32937</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WILMONT, SCOTT</b> <b>6972 WILLOW CT</b> <b>MELBOURNE FL 32940</b>
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 <b>President/CEO</b> <b>Wilmont, Scott</b> <b>6972 Willow Ct.</b> <b>Melbourne, FL 32940</b>
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* DATE 2/5/03 DAYTIME PHONE # 407-210-2480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)