## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P01000064008

1. Entity Name

COLOR CONNECTION OF CENTRAL FLORIDA, INC.



**FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90723 016 \*\*\*150.00

Principal Place of Business 1824 BLUE FOX CT. ORLANDO FL 32825  2. Principal Place of Business		Mailing Address 1824 BLUE FOX CT. ORLANDO FL 32825						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			1 59:3732260		pplied For ot Applicable	
Zip	Country Zip C		Counti	ry			.75 Additional Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered	Agent		
DDADLEV	CD#/			Name				
BRADLEY,		<del> </del>	Street Address		(P.O. Box Number is Not Acceptable)			
	E FOX CT.		.		and Argunday.			
UNLANDO	) FL 32825				· · · · · · · · · · · · · · · · · · ·	1		
		•		City	Fl	Zip Cod	е	
SIGNATURE -	Signature, typed or printed name of registered agent  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  c Payable to Florida Department or	and title if applicable. (NOTE			od agent, or both, in the State of Florida. I am  when reinstating)  OATE  9. Election Campaign Financing Trust Fund Contribution.	\$5.0	<b>0</b> May Be	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradley, Erik 1824 Blue Fox Ct. Orlando Fl 32825	☐ Delete		t address St-zip		□ Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~ ~ ~ · · · · · · · · · · · · · · · · ·	Delete		T ADDRESS ST-ZIP		Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREE CITY-S	T ADORESS	·	☐ Change	☐ Addition	

12. Thereby 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 exegute 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.