

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

DOCUMENT # **P01000064483**

1. Entity Name

FASTCOLO, INC.

FILED

02 JUN 14 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6401 CONGRESS AVE

Suite, Apt. #, etc.

245

City & State

BOCA RATON, FL

Zip

33487

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1120879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

HARRY WINDERMANN

Street Address (P.O. Box Number is Not Acceptable)

2255 GLADYS RD

SUITE 218A

City

BOCA RATON

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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 of principal officer or registered agent and date if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

6/11/02

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

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JESS COBURN
6401 CONGRESS AVENUE, SUITE 245
BOCA RATON FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CHARLES WHEELUS
6401 CONGRESS AVENUE, SUITE 245
BOCA RATON FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U.P.

CHARLES WHEELUS

DATE

6/11/02

Daytime Phone #

561 989 9595

CR2E0345 (12/01)