

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90399 011 ***150.00

0457084 AV

DOCUMENT # P01000076181



1. Entity Name
COLBY V, INC.

Principal Place of Business
**215 WESTSHORE PLAZA
TAMPA FL 33609**

Mailing Address
**215 WESTSHORE PLAZA
TAMPA FL 33609**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3742477**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, ROBERT JR.
215 WESTSHORE PLAZA
TAMPA FL 33609**

Name **Robert GONZALEZ JR.**

Street Address (P.O. Box Number is Not Acceptable)
100 Gulfshore Dr. #105N

City **Destin** FL Zip Code **32541**

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 *[Signature]* P/D

(NOTE: Registered Agent signature required when reinstating)

DATE **4/17/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, ROBERT SR.	
STREET ADDRESS	215 WESTSHORE PLAZA	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, IDALIA	
STREET ADDRESS	215 WESTSHORE PLAZA	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, ROBERT JR.	
STREET ADDRESS	215 WESTSHORE PLAZA	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert GONZALEZ JR.	
STREET ADDRESS	100 Gulfshore Dr. #105N	
CITY-ST-ZIP	Destin FL 32541	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert GONZALEZ ST.	
STREET ADDRESS	720 Rudder Rd.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Idalia GONZALEZ	
STREET ADDRESS	720 Rudder Rd.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **GONZALEZ JR.** DATE: **4/17/03** DAYTIME PHONE #: **(813) 966-9885**

CR2E034 (10/02)