

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90282 047 ***150.00

DOCUMENT # P01000079048

1. Entity Name
COLONIALTOWN HILLCREST, INC.



Principal Place of Business
~~1617 HILLCREST STREET~~
ORLANDO FL 32803

Mailing Address
~~1617 HILLCREST STREET~~
ORLANDO FL 32803

2. Principal Place of Business
505 N. MILLS AVE

3. Mailing Address
505 N. MILLS AVE

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip Country
32803 USA

Zip Country
32803 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3749626

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

G&L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE, SUITE 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

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	P	<input type="checkbox"/> Delete
NAME	SELF, JAMES W JR	
STREET ADDRESS	1617 HILLCREST STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SULLIVAN, ROBERT A	
STREET ADDRESS	1617 HILLCREST STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	→ Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Self, James W. Jr.	
STREET ADDRESS	505 N. MILLS AVE, STE 100	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	→ President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan, Robert A	
STREET ADDRESS	505 N. MILLS AVE, STE 100	
CITY-ST-ZIP	ORLANDO, FL 32803	
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		
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date Daytime Phone #

CR2E034 (10/02)