

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90404 014 ***150.00

DOCUMENT # P01000086634

1. Entity Name
COLLERAN ENTERPRISES, INC.



Principal Place of Business
13201 SW 2ND PLACE
NEWBERRY FL 32669

Mailing Address
13201 SW 2ND PLACE
NEWBERRY FL 32669

2. Principal Place of Business
908 NW 57th ST
Suite D

3. Mailing Address
13232 SW 2nd Pl
Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Newberry FL

Zip 32605 **Country** USA

Zip 32669 **Country** USA

4. FEI Number 59-3743027

Applied For
☐ Not Applicable

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name PATRICE BOYES Attorney at Law
Street Address (P.O. Box Number is Not Acceptable) 4719 NW 53rd Ave
Suite C
City Gainesville **FL** **Zip Code** 32606

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 conditions of registered agent.

SIGNATURE Patrice Boyes, Esq. 1-9-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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 PSTD ☐ Delete
NAME COLLERAN, JAMES P
STREET ADDRESS 13201 SW 2ND PLACE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 13232 SW 2nd Pl
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME COLLERAN, ANNE
STREET ADDRESS 13201 SW 2ND PLACE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 13232 SW 2nd Place
CITY-ST-ZIP

TITLE ☐ Delete
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

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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: *James P. Colleran* **SIGNATURE REQUIRED** *James P. Colleran* 1/7/03 352 332 2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)