

# 2002 UNIFORM BUSINESS REPORT (UBR)

0689414 AT

DOCUMENT # P01000094897

1. Entity Name

COLLABORATIVE COMMUNICATIONS, INC.

FILED

03 MAY 27 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4715 CASEANAVE STREET  
PENSACOLA FL 32504

Mailing Address

POST OFFICE BOX 13470  
PENSACOLA FL 32591-3470

2. Principal Place of Business

1407 N BAYLEN ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

PENSACOLA FL 32504

City & State

PENSACOLA FL 32504

Zip

32501

Country

ESCAMBIA

Zip

32501

Country

ESCAMBIA

4. FEI Number

59-3150798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHACKLEY, SUZANNE  
4715 CASEANAVE STREET  
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name SHACKLEY, SUZANNE

Street Address (P.O. Box Number is Not Acceptable)  
1407 N BAYLEN ST

City PENSACOLA

FL

Zip Code 32501

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 SUZANNE SHACKLEY, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

DATE

5-20-03

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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 PRESIDENT & SECRETARY  
NAME SUZANNE SHACKLEY  
STREET ADDRESS 1407 N BAYLEN ST  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE SHACKLEY, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 429-1741

CR2E034 (9/01)