

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90201 037 ***150.00

DOCUMENT # P02000067410

1. Entity Name

THE HOUSE OF COLQUHOUN, INC.



Principal Place of Business

**4601 ENTERPRISE AVE., BOX 1, BAY 4 EAST
NAPLES FL 34109**

Mailing Address

**4601 ENTERPRISE AVE., BOX 1, BAY 4 EAST
NAPLES FL 34109**

2. Principal Place of Business

4275 1st Avenue NW

3. Mailing Address

4275 1st Avenue NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

01-0736826

Applied For

Not Applicable

Zip

34119

Country

Collier

Zip

34119

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOLPE, MICHAEL J

711 FIFTH AVE. SOUTH, STE. 201

NAPLES FL 34102

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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

TITLE **PD** ☐ Delete
NAME **COLQUHOUN, CRAIG**
STREET ADDRESS **8635 SADDLEBROOK CIRCLE, NO. 8207**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **VSTD** ☐ Delete
NAME **ELETT, TEDDY**
STREET ADDRESS **P.O. BOX 771240**
CITY-ST-ZIP **NAPLES FL 34107**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Colquhoun, Craig**
STREET ADDRESS **4275 1st Avenue N.W.**
CITY-ST-ZIP **Naples, FL 34119**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Craig Colquhoun

1/10/03

239-436-6678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)