

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91770 019 ***150.00

044793 AV

DOCUMENT # P02000076383

1. Entity Name
COLONAS, INC.



Principal Place of Business
10037 REMINGTON DRIVE
RIVERVIEW FL 33569

Mailing Address
10037 REMINGTON DRIVE
RIVERVIEW FL 33569

2. Principal Place of Business

13816 OGAKOR DR

Suite, Apt. #, etc.

3. Mailing Address

13816 OGAKOR DR

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
RIVERVIEW, FL

City & State
RIVERVIEW, FL

4. FEI Number
54-2062903

Applied For
☐ Not Applicable

Zip
33569

Country
HILLSB

Zip
33569

Country
HILLSB

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

6. Name and Address of Current Registered Agent

COLONAS, MARK J
10037 REMINGTON DRIVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name
MARK J. COLONAS

Street Address (P.O. Box Number is Not Acceptable)
13816 OGAKOR DR

City RIVERVIEW **FL** **Zip Code** 33569

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	P	<input type="checkbox"/> Delete
NAME	COLONAS, MARK J	
STREET ADDRESS	10037 REMINGTON DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

Date

813-670-9878

Daytime Phone #

CR2E034 (10/02)