

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90092 022 ***550.00

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DOCUMENT # P02000108089

1. Entity Name
THE COLORS OF MY LAND, INC.



Principal Place of Business
**15702 PINTO PL
TAMPA FL 33624**

Mailing Address
**15702 PINTO PL
TAMPA FL 33624**

735 BODECANESE BLVD.

2. Principal Place of Business
TARPON SPRINGS

3. Mailing Address
735 BODECANESE BLVD

Suite, Apt. #, etc.
SUITE 65

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TARPON SPRINGS, FL

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip
34689

Country
PINEHILLS

Zip

Country

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

**GRIFFIN, GINA
15702 PINTO PL
TAMPA FL 33624**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, GINA 15702 PINTO PL TAMPA FL 33624	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

9/10/03

Date

Daytime Phone #

(813) 787-0445
(813) 962-7551

CR2E034 (4/03)