

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90033 043 ***150.00

DOCUMENT # P93000016026

1. Entity Name

COLTON AND ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2194 STATE ROAD 580
SUITE L
DUNEDIN FL 34698

P.O. BOX 15433
CLEARWATER FL 33766-5433
US

2. Principal Place of Business

2194 STATE ROAD 580

Suite, Apt. #, etc.

SUITE F

City & State

DUNEDIN, FL

Zip

34698

Country

PINEHILLS

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3179496

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLTON, LINDSAY
2194 STATE ROAD 580
SUITE L
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

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

2194 STATE ROAD 580, SUITE F

City

DUNEDIN,

FL

Zip Code

34698

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

Lindsay Colton

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

LINDSAY COLTON

(NOTE: Registered Agent signature required when reinstating)

04/29/00

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|-----------------|------------------------------|---------------------------------|
| | D | COLTON, LINDSAY | 2194 STATE ROAD 580, SUITE F | |
| | | | DUNEDIN FL 34698 | |
| | D | COLTON, GREGG | 2194 STATE ROAD 580, SUITE F | |
| | | | DUNEDIN, FL 34698 | |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
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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:

Lindsay Colton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

727-789-0485

Daytime Phone #

CR2E034 (9/99)