

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016026

1. Entity Name
COLTON AND ASSOCIATES, INC.

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

05-03-2000 90033 043 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2194 STATE ROAD 580	3. Mailing Address P.O. BOX 15433 CLEARWATER FL 33766-5433 US
Suite, Apt. #, etc. SUITE L	Suite, Apt. #, etc.
City & State DUNEDIN, FL	City & State
Zip 34698	Zip
Country PINEIRAS	Country

4. FEI Number **59-3179496** Applied For
 Not Applicable

5. Certificate of Status Desired **\$6.75** 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 , Zip FL 34698
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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 **Lindsay Colton** 04/29/00
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLTON, LINDSAY 2194 STATE ROAD 580, SUITE F DUNEDIN FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLTON, GREGG 2194 STATE ROAD 580, SUITE F DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (999)

SIGNATURE: Lindsay Colton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 727-789-0485
Date Daytime Phone #