

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P4000091109~~ ~~P440001109~~
 1. Entity Name: COLEY CREDIT P94000091109

FILED
Jun 06, 2000 8:00 am
Secretary of State
 06-06-2000 90009 005 ***158.75

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
1860 N Washington Blvd 2381 FLORINDA ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
SARASOTA, FL SARASOTA, FL
 Zip Country Zip Country
34234 SARASOTA 34231 SARASOTA

4. FEI Number 65-0444212 Applied For Not Applicable
 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
 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.
 SIGNATURE [Signature] DATE 5/1/00
Signature typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	NAME	STREET ADDRESS
	<u>PAUL YODER, President</u>	<u>2381 FLORINDA ST</u>
		<u>SARASOTA, FL 34231</u>
	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS
	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS
	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS
	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS
	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS
	<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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)