

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046691

1. Entity Name
COLKAR CORPORATION

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90232 044 ***150.00

Principal Place of Business

6622 N.W. 48TH STREET
CORAL SPRINGS FL 33067

Mailing Address

% TRI STAR ACCOUNTING
3200 N. MILITARY TRAIL. #201
BOCA RATON FL 33431-6311

2. Principal Place of Business

7400 Wiles Road
Suite, Apt. #, etc.
Ste. 101
City & State
Coral Springs FL
Zip
33067
Country
USA

3. Mailing Address

6622 NW 48th Street
Suite, Apt. #, etc.
City & State
Coral Springs, FL
Zip
33067
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0635985** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LYNCH, COLLIN G
6622 N.W. 48TH ST.
CORAL SPRINGS FL 33067

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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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	P	<input type="checkbox"/> Delete
NAME	LYNCH, COLLIN G	
STREET ADDRESS	6622 N.W. 48TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNCH, KAREN E	
STREET ADDRESS	6622 N.W. 48TH ST.	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Collin G. Lynch COLLIN G. LYNCH 04/01/2000 954-753-0114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)