

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90025 025 ***150.00

DOCUMENT # P95000067960

1. Entity Name
FLORIDA COLORS, INC.

Principal Place of Business

~~3140 BENT CREEK LANE~~
JACKSONVILLE FL 32216

Mailing Address

~~3140 BENT CREEK LANE~~
JACKSONVILLE FL 32216

2. Principal Place of Business

1008 BALI PLACE

Suite, Apt. #, etc.

3. Mailing Address

1008 BALI PLACE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3335998**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PETERSON, THOMAS L JR.

~~3140 BENT CREEK LANE~~
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

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

1008 BALI PLACE

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

Thomas L Peterson **T.L. PETERSON, Jr 1/12/02**

Signature, typed or printed name of registered agent and title if applicable. **PRESIDENT** (Not a 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PDT** ☐ Delete
 NAME **PETERSON, THOMAS L JR**
 STREET ADDRESS ~~3140 BENT CREEK LANE~~
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **SD** ☐ Delete
 NAME **PETERSON, CHERYL R**
 STREET ADDRESS ~~3140 BENT CREEK LANE~~
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1008 BALI PLACE**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1008 BALI PLACE**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Thomas L Peterson **THOMAS L PETERSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)