

FILED
Jul 15, 2003 8:00 am
Secretary of State

06-27-2003 90052 021 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000074295

1. Entity Name

COLUMN ENTERPRISES INC.

D.B.A. MAID WITH CARE



DO NOT WRITE IN THIS SPACE

55051310

2. Principal Place of Business

1813 DOWN HOLLOW LANE

Suite, Apt. #, etc.

3. Mailing Address

1813 DOWN HOLLOW LN

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINDERMERE FL.

City & State

WINDERMERE FL.

4. FEI Number

59-3347245

Applied For

Not Applicable

Zip
34786

Country
USA

Zip
34786

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CAROL NELSON

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

1813 DOWN HOLLOW LANE

City WINDERMERE

FL

Zip Code
34786

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
CAROL NELSON
1813 DOWN HOLLOW LANE
WINDERMERE FL. 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

BA Nelson CAROL NELSON

6/23/03

407-876-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment # 55051310

P950000 74295

MAID WITH CARE

Department of State

Thompson
about its
a puddle!
The original

CHECKING

59-3347245

so much for sending this form. Sorry
appearance - my mail was dropped in
the original was never forwarded to the new address.

Carol Nelson

672372003

150.00

9174

150.00