

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90531 024 ***150.00

DOCUMENT # P95000079056

1. Entity Name
COLBY II, INC.



Principal Place of Business
**1992 9TH ST. NORTH
NAPLES FL 34102
US**

Mailing Address
**720 RUDDER RD.
NAPLES FL 34102
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0621319**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GONZALEZ, ROBERT
720 RUDDER RD.
NAPLES FL 34102**

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☒ Delete
NAME **GONZALEZ, ROBERT**
STREET ADDRESS **720 RUDDER RD.**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **VP** ☒ Delete
NAME **GONZALEZ, IDALIA**
STREET ADDRESS **720 RUDDER RD.**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **P/D** ☒ Change ☒ Addition
NAME **Robert GONZALEZ JR.**
STREET ADDRESS **100 Gulfshore Dr. #105N**
CITY-ST-ZIP **Destin FL 32541**

TITLE **D** ☒ Change ☐ Addition
NAME **Robert Gonzalez Sr.**
STREET ADDRESS **720 Rudder Rd.**
CITY-ST-ZIP **Naples FL 34102**

TITLE **D** ☒ Change ☐ Addition
NAME **IDALIA GONZALEZ**
STREET ADDRESS **720 Rudder Rd.**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Gonzalez Jr.

4/17/03

Date

(813) 966-9885

Daytime Phone #

CR2E034 (10/02)