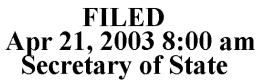
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000079056 DOCUMENT



1. Entity Name COLBY II, INC.										003 90531 (024 ***15	0.00
Principal Place 1992 9TH ST. NAPLES FL 34 US	NORTH	3	Mailing Address 720 RUDDER RD. NAPLES FL 34102 US									
2. Principal P	ace of Busin	3. Mailing Address				1 105111	00) 240 (U30) U1044 U644	 	EB	IND BILL 1881		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	е		City & State					4. FEI Numb	^{oer} 65-06213	19	<u> </u>	plied For t Applicable
Zip	Zip Country		Zip) Coun		try 🤄 🛬	÷ ,	5. Certificate	e of Status Desire		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name ·						
- GONZALEZ 720 RUDD		Street Address (P				P.O. Box Number is Not Acceptable)						
NAPLES F							•					
									FL	Zip Code	9	
	named entitions of regist	y submits this statement fo ered agent.	r the purpose of	changing its	register	ed office or	registere	ed agent, or bo	oth, in the State of	Florida. I am	familiar with,	and accept
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							·	Tr	ection Campaign	ution. C	☐ Ådded	May Be to Fees
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND		· · · · · · · · · · · · · · · · · · ·	11.		n /h	ADDITIONS	/CHANGES TO	OFFICERS AND		
STREET ADDRESS	P Gonzale 720 Rudd Naples F		Œ	Delete			Robe 1000 Dest		uzalez e Dr. # 32541	105 N	Change	☑ Addition
STREET ADDRESS	VP GONZALE 720 RUDD NAPLES F	er RD.	Q.	Delete		E ADDRESS	Rober	it GON	zalez 5 es Rd. ! 34/02		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP] Delete		E E ET ADDRESS - ST-ZIP	D Ida 720 Nap	lia Go Rudd les Fl	NZA/EZ ET Rd. 134102		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP] Delete			-	,			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP] Oelete	•			9			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLI NAM STRE			440 07/0	V() F)_ (.1. 2)	16	Change	Addition

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 of 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: