

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90261 001 *****8.75
 05-05-2002 90261 002 ***150.00

DOCUMENT # P96000002756

1. Entity Name

THE COLONEY COMPANY OF TALLAHASSEE

Principal Place of Business

1014 N ADAMS STREET
 TALLAHASSEE FL 32303
 US

Mailing Address

1014 N ADAMS STREET
 TALLAHASSEE FL 32303-6133
 US

2. Principal Place of Business

1520 Killearn Center Blvd.

Suite, Apt. #, etc.

Ste 200

City & State

Tallahassee, FL

Zip

32309

Country

USA

3. Mailing Address

1520 Killearn Center Blvd

Suite, Apt. #, etc.

Ste 200

City & State

Tallahassee, FL

Zip

32309

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3351843

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, JOHN T

135 THISTLEWOOD COURT
 TALLAHASSEE FL 32312

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

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

(NOTE: 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 PSD
 NAME BELL, JOHN T
 STREET ADDRESS 135 THISTLEWOOD COURT
 CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE VTD
 NAME BELL, KATHRYN G
 STREET ADDRESS 135 THISTLEWOOD COURT
 CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE D
 NAME BELL, ALLEN H
 STREET ADDRESS 3537 HIGHER GROUND ROAD
 CITY-ST-ZIP LAUREL HILL FL ☐ Delete

TITLE D
 NAME LEONARD, COMAN
 STREET ADDRESS 3050 W THARPE ST
 CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:

John T. Bell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 850-222-8193
 Date Daytime Phone #

CR2E034 (9/01)