

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-15-2003 90090 039 ***158.75

DOCUMENT # P96000002756

1. Entity Name
THE COLONEY COMPANY OF TALLAHASSEE



Principal Place of Business
**1520 KILLEARN CENTER BLVD
STE 200
TALLAHASSEE FL 32309
US**

Mailing Address
**1520 KILLEARN CENTER BLVD
STE 200
TALLAHASSEE FL 32309
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3351843**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, JOHN T
135 THISTLEWOOD COURT
TALLAHASSEE FL 32312**

Name

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

503 McDaniel St.

City

Tallahassee

FL

Zip Code

32303

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **BELL, JOHN T**
CITY-ST-ZIP **135 THISTLEWOOD COURT
TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **503 McDaniel St.**
CITY-ST-ZIP **Tallahassee, FL 32303**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **503 McDaniel St.**
CITY-ST-ZIP **Tallahassee, FL 32303**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Kathryn G. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 850-222-8193
Date Daytime Phone #

CR2E034 (10/02)