

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
 05-12-2001 90008 016 \*\*\*158.75

**DOCUMENT # P 96000031890**

1. Entity Name

**J COLBY, INC**

Principal Place of Business

**1512 NE 17TH WAY  
 FT. LAUDERDALE, FL  
 33305  
 USA**

Mailing Address

**1512 NE 17TH WAY  
 FT. LAUDERDALE, FL  
 33305  
 USA**

2. Principal Place of Business

**1512 NE 17TH WAY  
 Suite, Apt. #, etc.  
 FT. LAUDERDALE, FL  
 City & State**

3. Mailing Address

**1512 NE 17TH WAY  
 Suite, Apt. #, etc.  
 FT. LAUDERDALE, FL  
 City & State**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0657877**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

Zip  
**33305**

Country  
**USA**

Zip  
**33305**

Country  
**USA**

6. Name and Address of Current Registered Agent

**DAVIS, JASON C.  
 1512 NE 17TH WAY  
 FT. LAUDERDALE, FL 33305**

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, 2000 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. **PD** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**DAVIS, JASON C.** ☐ Delete  
 NAME  
**1512 NE 17TH WAY**  
 STREET ADDRESS  
**FT. LAUD, FL 33305**  
 CITY-ST-ZIP

TITLE  
**VP** ☐ Delete  
 NAME  
**MICHAEL BLOCK**  
 STREET ADDRESS  
**3652 N. ANDREWS AVE**  
 CITY-ST-ZIP  
**FT. LAUDERDALE, FL 33309**

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

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

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

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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JASON DAVIS, Pres 4/23/01**

Date

**954-254-9085**

Daytime Phone #

CR2E034 (9/99)