

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044360

1. Entity Name

JUNE COLBURN DESIGNS II, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90001 028 ***150.00

Principal Place of Business

1206 S POINTE ALEXIS DR
TARPON SPRINGS FL 34689

Mailing Address

1206 S POINTE ALEXIS DR
TARPON SPRINGS FL 34689-7109

2. Principal Place of Business

3. Mailing Address

PO Box 313

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LARGO FL

4. FEI Number

59-3334036

Applied For

Not Applicable

Zip

Country

Zip

Country

33779

USA

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

COLBURN, JUNE
1206 S POINTE ALEXIS DR
TARPON SPRINGS FL 34689

Name

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

397 West Overbrook Street

City

Largo

FL

Zip Code

33770

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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
COLBURN, JUNE
1206 S POINTE ALEXIS DR
TARPON SPRINGS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO Box 313
LARGO, FL 33770

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

June Colburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-13-00

Daytime Phone #

727/585-806

CR2E034 (9/99)