

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90053 032 \*\*\*150.00

DOCUMENT # P96000044360

1. Entity Name

JUNE COLBURN DESIGNS II, INC.

Principal Place of Business

397 WEST OVERBROOK ST.  
LARGO FL 33770

Mailing Address

P O BOX 313  
LARGO FL 33779

2. Principal Place of Business

397 W Overbrook St.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Belleair Bluffs, FL  
Zip 33770 Country Pinellas

City & State

Zip

Country

4. FEI Number

59-3334036

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLBURN, JUNE  
397 W OVERBROOK DR  
LARGO FL 33770

7. Name and Address of New Registered Agent

Name Colburn, June

Street Address (P.O. Box Number is Not Acceptable)  
397 W Overbrook St.

City Belleair Bluffs

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)

4/10/01

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, 2001 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 PTSD  
NAME COLBURN, JUNE  
STREET ADDRESS P O BOX 313  
CITY-ST-ZIP LARGO FL 33770 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD  
NAME Colburn, June  
STREET ADDRESS P.O. Box 313  
CITY-ST-ZIP LARGO, FL 33779 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01

CR2E034 (10/00)

0527405