

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90074 012 ***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

3. Mailing Address

397 West Overbrook St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Belleair Bluffs, FL

Zip

Country

Zip

Country

33770

Pinellas

DO NOT WRITE IN THIS SPACE

59-3384036
59-3384036

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

COLBURN, JUNE

397 W OVERBROOK ST

LARGO FL 33770

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☐ Delete
 NAME **COLBURN, JUNE**
 STREET ADDRESS **P O BOX 313**
 CITY-ST-ZIP **LARGO FL 33779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Please note the
 last ID # was
 incorrect -
 the number is
59-3384036
 JC

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature 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

3-12-02

Date

727-585-8062

Daytime Phone #

CR2E034 (9/01)