

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90007 001 ***150.00
 03-27-2000 90007 002 *****8.75

DOCUMENT # P96000070773

1. Entity Name
COLONIAL SYSTEMS, INC.

Principal Place of Business 308 EGRET LANE FORT LAUDERDALE FL 33327	Mailing Address 308 EGRET LANE FORT LAUDERDALE FL 33327-1109
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0696727** 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

**COLONEY, JENNIFER
 308 EGRET LANE
 WESTON FL 33327**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COLONEY, SCOTT	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 308 EGRET LANE	<input type="checkbox"/>	STREET ADDRESS:	<input type="checkbox"/>
CITY-ST-ZIP: FORT LAUDERDALE FL 33327	<input type="checkbox"/>	CITY-ST-ZIP:	<input type="checkbox"/>
NAME: COLONEY, JENNIFER	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS: 308 EGRET LANE	<input type="checkbox"/>	STREET ADDRESS:	<input type="checkbox"/>
CITY-ST-ZIP: FORT LAUDERDALE FL 33327	<input type="checkbox"/>	CITY-ST-ZIP:	<input type="checkbox"/>
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:	<input type="checkbox"/>	STREET ADDRESS:	<input type="checkbox"/>
CITY-ST-ZIP:	<input type="checkbox"/>	CITY-ST-ZIP:	<input type="checkbox"/>
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:	<input type="checkbox"/>	STREET ADDRESS:	<input type="checkbox"/>
CITY-ST-ZIP:	<input type="checkbox"/>	CITY-ST-ZIP:	<input type="checkbox"/>
NAME:	<input type="checkbox"/>	NAME:	<input type="checkbox"/>
STREET ADDRESS:	<input type="checkbox"/>	STREET ADDRESS:	<input type="checkbox"/>
CITY-ST-ZIP:	<input type="checkbox"/>	CITY-ST-ZIP:	<input type="checkbox"/>

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: _____ **3/10/00** **954-349-2660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)