

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100755

1. Entity Name

THE COLTER GROUP, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90145 017 ***150.00

Principal Place of Business

Mailing Address

10616 S FED HWY
PSL FL 34952
US

10616 S FED HWY
PSL FL 34952
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0713278

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SINES, ANNA K
491 S.E. FAITH TERR
PORT ST. LUCIE FL 34983

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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DST
NAME SINES, ANNA V
STREET ADDRESS 10616 S. FEDERAL HWY
CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ Delete

TITLE DPST
NAME SINES, ANNA K.
STREET ADDRESS 10616 S. FEDERAL HWY
CITY-ST-ZIP PORT ST LUCIE, FL 34952 ☒ Change ☐ Addition

TITLE P
NAME SINES, PAUL T
STREET ADDRESS 491 SE FAITH TERR.
CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☒ Delete

TITLE VP
NAME FLORES, LORI
STREET ADDRESS 10616 S. FEDERAL HWY
CITY-ST-ZIP PORT ST LUCIE, FL 34952 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Anna K. Sines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00

Date

561-335-9111

Daytime Phone #

CR2E034 (9/99)