

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90103 009 ***150.00

DOCUMENT # P97000002487

1. Entity Name

~~THE STAFFORD INC~~
COLO SOLUTIONS, INC.



Principal Place of Business

~~PO BOX 1157~~
~~100 W. LUCERNE CIRCLE~~
~~ORLANDO FL 32801~~
US

Mailing Address

~~PO BOX 1157~~
~~100 W. LUCERNE CIRCLE~~
~~ORLANDO FL 32801~~
US

2. Principal Place of Business

100 W. Lucerne Circle

Suite, Apt. #, etc.

#201

City & State

Orlando, Florida

Zip
32801

Country
USA

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3553439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~STAFFORD, RONALD E~~
~~560 HAWKSBILL ISLAND DR~~
~~SATELLITE BEACH FL 32937~~

7. Name and Address of New Registered Agent

Name

Scott Wilmont

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

100 W. Lucerne Circle #201

City

Orlando

FL

Zip Code

32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **STAFFORD, RONALD E**
STREET ADDRESS **560 HAWKSBILL ISLAND DR**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **VPD** ☐ Delete
NAME **WILMONT, SCOTT**
STREET ADDRESS **6972 WILLOW CT**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **President/CEO**
STREET ADDRESS **Wilmont, Scott**
CITY-ST-ZIP **6972 Willow Ct.**
Melbourne, FL 32940

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

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

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

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

12. 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 10 or Block 11 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 #

2/5/03 407-210-2480

CR2E034 (10/02)