2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000007206 DOCUMENT

1. Entity Name

COLLOIDAL MINERALS CORP.



FILED May 01, 2003 8:00 am § Secretary of State

05-01-2003 90981 049 ***150.00

						COO WE THE	- {				
Principal Place of Business 2900 GRIFFIN ROAD FORT LAUDERDALE FL 33312			2900	Mailing Address 2900 GRIFFIN ROAD FORT LAUDERDALE FL 33312							
2. Principal P	lace of Busin	ess	3. Mai	3. Mailing Address				1 17411741 115 14111 15011 66111 70111 16111 C		il 60110 0111 1601	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4.	4. FEI Number 65-0725463 Applied For Not Applicable			
Zip Country			Zip	Zip Country			5.	Certificate of Status Desired	\$8.75 A Fee Requi		
6. Name and Address of Current Registered Agent							7.	Name and Address of New Register	ed Agent		
Name											
	ROBERT G						Street Address (P.O. Box Number is Not Acceptable)				
2900 GRIFFIN ROAD FORT LAUDERDALE FL 33312											
	<i>'</i>					City		1	FL Zip Co	ode	
	named entity ions of registe		ement for the purp	ose of changing its	s registere	ed office or regis	tered ag	gent, or both, in the State of Florida. I	am familiar witl	n, and accept	
SIGNATURE.	Signature, typed	or printed name of registe	ered agent and title if app	licable. (NO	TE: Registere	d Agent signature requ	iired when r	einstating) DA	πE		
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.		.00 May Be ed to Fees	
10. OFFICERS AND I				DIRECTORS 11.			AC	DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE	D			☐ Delete	TITLE				[] Change		
NAME STREET ADDRESS (CITY-ST-ZIP	SNYDER, I 2581 S.W.	Robert G 15th Ct. Derdale FL 33	3312	Delete	NAM STRE	l l			C) Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAM STRE	l l			☐ Change	Addition	
CITY-ST-ZIP					CITY	-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E ET ADDRESS -ST-ZIP	0	110 07/2V(i) Florida Statutas I further	☐ Change		

indicated on this report or supplied with this liling does not quality 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

<u>-0505</u>