

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000027291**

1. Entity Name

CAPITAL CITY COLORS, INC.**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90458 044 ***150.00

Principal Place of Business

Mailing Address

**6270 WILLIAMS ROAD
TALLAHASSEE FL 32311****6270 WILLIAMS ROAD
TALLAHASSEE FL 32311-9312**

00042523

2. Principal Place of Business

9509 Sharman Court

Suite, Apt. #, etc.

3. Mailing Address

9509 Sharman Court

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

Country

32311

City & State

Tallahassee, Florida

Zip

Country

32311

4. FEI Number

59-3435418

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, ANTHONY P
6270 WILLIAMS ROAD
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

Freeman, Anthony P.

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

9509 Sharman Court

City

Tallahassee**FL**

Zip Code

32311

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 **Anthony P. Freeman**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREEMAN, ANTHONY P 6270 WILLIAMS RD. TALLAHASSEE FL 32311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Freeman, Jon R. 9509 Sharman Court Tallahassee, FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Freeman, Anthony P. 9509 Sharman Court Tallahassee, FL 32311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Anthony P. Freeman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(850) 581-7964

Daytime Phone #

CR2E034 (9/99)