

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 NOV 21 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000033520**
1. Entity Name
Col-Tre, Inc.
3450 Highway 29 N.
Cantonment FL 32533

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3450 Highway 29 North
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cantonment, FL 32533

City & State
Cantonment F

Zip
32533

Country
Escambia

Zip
32533

Country
Escambia

4. FEI Number
59-3452479

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Theresa Grice

Street Address (P.O. Box Number is Not Acceptable)
3450 Highway 29 N.

City
Cantonment

FL

Zip Code
32533

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 **Theresa B. Grice** DATE **11-13-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President Theresa Grice 3450 Highway 29 N. Cantonment, FL 32533
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Theresa Grice** **Theresa Grice**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/01)

11-07-03

Didn't receive my annual report for 2002 - because Dept. of State had the wrong address on their records. They have 6450 Hwy 29 and it's suppose to be 3450 Hwy. 29. I called when I found out my corporation was listed inactive and they told me to send this form in an the amount of \$150.⁰⁰ and they would reactivate my corporation.

Theresa Grice

(850) 587-2924

(850) 587-2952 (fax)

E-MAIL: GRICE54@MSN.COM