

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048221

1. Entity Name

COLONIAL RESEARCH SYSTEMS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90264 009 \*\*\*150.00

Principal Place of Business

Mailing Address

1550 WEST 84TH STREET #12  
HIALEAH FL 33014

P.O. BOX 309  
KENSINGTON MD 20895-0309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0765546**

Applied For

Not Applicable

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

WATTS, JAMES  
1550 WEST 84TH STREET #12  
HIALEAH FL 33014

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 PD ☐ Delete  
NAME WATTS, JAMES A  
STREET ADDRESS 1550 WEST 84TH STREET #12  
CITY-ST-ZIP HIALEAH FL 33014

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

TITLE VD ☐ Delete  
NAME GREGORY, LEE C  
STREET ADDRESS 3135-2 UNIVERSITY BLVD  
CITY-ST-ZIP KENSINGTON MD 20895

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

TITLE TD ☐ Delete  
NAME HOLDE, SUSAN E  
STREET ADDRESS 3135-2 UNIVERSITY BLVD  
CITY-ST-ZIP KENSINGTON MD 20895

TITLE ☒ Change ☐ Addition  
NAME Holder, Susan E.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME HOLDER, THERESA L  
STREET ADDRESS 4708 WILWYN WAY  
CITY-ST-ZIP ROCKVILLE MD 20852

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

TITLE D ☐ Delete  
NAME HOLDER, WILLIAM W  
STREET ADDRESS 4708 WILWYN WAY  
CITY-ST-ZIP ROCKVILLE MD 20852

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

TITLE D ☐ Delete  
NAME HOLDE, DANIEL W  
STREET ADDRESS 9604 RUSTIC MANOR CT  
CITY-ST-ZIP GAITHERSBURG MD 20882

TITLE ☒ Change ☐ Addition  
NAME Holder, Daniel W.  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)