

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90410 023 ***150.00

DOCUMENT # P97000048221

1. Entity Name
COLONIAL RESEARCH SYSTEMS, INC.

Principal Place of Business **Mailing Address**
1550 WEST 84TH STREET #12 **P.O. BOX 309**
HIALEAH FL 33014 **KENSINGTON MD 20895**

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, 2002 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, C LEE**
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 **HOLDER, SUSAN E**
STREET ADDRESS **3135-2 UNIVERSITY BLVD**
CITY-ST-ZIP **KENSINGTON MD 20895**

TITLE ☐ Change ☐ Addition
NAME
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 **HOLDER, DANIEL W**
STREET ADDRESS **9604 RUSTIC MANOR CT**
CITY-ST-ZIP **GAITHERSBURG MD 20882**

TITLE ☐ Change ☐ Addition
NAME
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: *Theresa L Holder* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

1-866-456-0866
1-305-822-4042

CR2E034 (9/01)