

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070575

1. Entity Name

S & R COLTON ENTERPRISES, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90047 022 ***150.00

Principal Place of Business

Mailing Address

631 US HWY. 1, STE. 410
N. PALM BEACH FL 33408

631 US HWY. 1, STE. 410
N. PALM BEACH FL 33408-4621

2. Principal Place of Business

420 US #1

3. Mailing Address

420 US #1

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

No. Palm Beach, FL

City & State

N. Palm Beach, FL

Zip

33408

Country

Zip

33408

Country

4. FEI Number

65-0774278

Applied For

Not Applied

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

COLTON, SCOTT M
631 US HWY. 1, STE. 410
N. PALM BEACH FL 33408

Name

RAMONA COLTON

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

420 US #1, Suite 1

City

N. Palm Beach,

FL

Zip Code

33408

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

Ramona Colton

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COLTON, SCOTT M
631 US HWY. 1, STE. 410
N. PALM BEACH FL 33408

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

RAMONA COLTON
President
1165 N. Harbor Drive
Riviera Beach, FL 33404

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

Ramona Colton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

(561) 882-0211

Date

Daytime Phone #