

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037521

1. Entity Name

JOHN B. COLLEY, INC.

Principal Place of Business

366 WINTERS STREET  
WEST PALM BEACH FL 33405

Mailing Address

P.O. BOX 7616  
WEST PALM BEACH FL 33463-8401

2. Principal Place of Business

103 TIMBERLANE CIR

Suite, Apt. #, etc.

GREENACRES FL

City & State

3. Mailing Address

103 TIMBERLANE CIR

Suite, Apt. #, etc.

GREENACRES FL

City & State

Zip

33463

Country

PAUM Bch

Zip

33463

Country

PAUM Bch

6. Name and Address of Current Registered Agent

COLLEY, JOHN B  
366 WINTERS STREET  
WEST PALM BEACH FL 33405

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

TITLE	D	<input type="checkbox"/> Delete
NAME	COLLEY, JOHN B	
STREET ADDRESS	366 WINTERS STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

*John B. Colley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00

561-818-3687

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

01-26-2000 90045 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3506446

Applied For

Not Applied

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent