

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90009 010 \*\*\*158.75

**DOCUMENT # P98000045589**

1. Entity Name  
**COLONIAL COMMERCIAL, INC.**

Principal Place of Business

**4500 EXECUTIVE DRIVE  
SUITE 300  
NAPLES FL 34119**

Mailing Address

**4500 EXECUTIVE DR.  
SUITE 300  
NAPLES FL 34119**

**756891**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1016 GRAND ISLE DR**  
Suite, Apt. #, etc

3. Mailing Address

**5672 STRAND CT.**  
Suite, Apt. #, etc

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

4. FEI Number **59-3520511**

Applied For  
Not Applicable

Zip  
**34108**

Country  
**USA**

Zip

**34110**

Country

**USA**

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

**NAPLES-LAWDOCK, INC.  
4501 TAMiami TRAIL NORTH, SUITE 300  
NAPLES FL 34103**

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, 2001 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	<b>S KELLY, JANET 4500 EXECUTIVE DRIVE #300 NAPLES FL 34119</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARDY, ROBERT S 10641 AIRPORT ROAD NORTH # 32 NAPLES FL 34109</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HARDY, PAUL R 4500 EXECUTIVE DRIVE # 300 NAPLES FL 34119</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KELLY, JANET 4500 EXECUTIVE DRIVE # 300 NAPLES FL 34119</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ROLFES, RICHARD 1016 GRAND ISLE DRIVE NAPLES FL 34108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC KELLY, JANET 5672 STRAND CT. #1 NAPLES, FL 34110</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD 5672 STRAND CT. #3 NAPLES, FL 34110</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP 5672 STRAND CT. #1 NAPLES, FL 34110</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER KELLY, JANET 5672 STRAND CT. #1 NAPLES, FL 34110</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT, DIRECTOR ROLFES, RICHARD 1016 GRAND ISLE DRIVE NAPLES FL 34108</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT, DIRECTOR ROLFES, HEIDI L. 1016 GRAND ISLE DRIVE NAPLES FL 34108</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Janet Kelly Treasurer 4/26/01 (941) 597-9888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)