

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90423 010 \*\*\*150.00

**DOCUMENT # P98000046937**

1. Entity Name  
**CFO RESOURCES, INC.**

Principal Place of Business

**986-B EAST MICHIGAN ST  
ORLANDO FL 32806**

Mailing Address

**986-B EAST MICHIGAN ST  
ORLANDO FL 32806**

2. Principal Place of Business

**2525 Lake Drive**

Suite, Apt. #, etc.

**#519**

City & State

**Riviera Beach, FL**

Zip

**33404**

Country

**Palm Bch**

3. Mailing Address

**P.O. Box 30806**

Suite, Apt. #, etc.

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

Zip

**33420**

Country

**Palm Bch**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3518936**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COLESON, CHARLES K**

**986 E. MICHIGAN ST., STE. B**

**ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name

**Same**

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

**2525 Lake Drive**

**#519**

City

**Riviera Beach**

FL

Zip Code

**33404**

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

*Charles K. Colson, Pres*

**4/8/02**

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

TITLE **PDST** ☐ Delete  
NAME **COLESON, CHARLES K**  
STREET ADDRESS **986 E. MICHIGAN ST., SUITE B**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDST** ☒ Change ☐ Addition  
NAME **Charles K. Colson**  
STREET ADDRESS **2525 Lake Drive, Apt 519**  
CITY-ST-ZIP **Riviera Bch, FL 33404**

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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:

*Charles K. Colson*  
**Charles K. Colson**

Date

**4/8/02**

Daytime Phone #

**561-842-1636**

CR2E034 (9/01)