2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003870

1. Entity Name
COLEY COMMUNICATIONS, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State
08-10-2000 90001 049 ***158.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14502 NORTH DALE MABRY HWY. SUITE 200 TAMPA FL 33618	14502 NORTH DALE MABRY HWY. SUITE 200 TAMPA FL 33618

2. Principal Place of Business	3. Mailing Address
1311 N. WESTSHORE BLVD.	1311 N. WESTSHORE BLVD.
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33607 Country	Zip 33607 Country

4. FEI Number 59-355-2509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEY, JON
14502 NORTH DALE MABRY HWY.
SUITE 200
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable) 1311 N. WESTSHORE BLVD.
SUITE 201
City TAMPA, FL Zip Code 33607

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 COLEY, JON 14502 NORTH DALE MABRY HWY., SUITE 200 TAMPA FL 33618 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition P COLEY, JON 1311 N. WESTSHORE BLVD, SUITE 201 TAMPA, FL 33607
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: SIGNATURE REQUIRED 7/14/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment Doc#: P99000003870
A00072259

COLEY
Communications, Inc.

FLORIDA DEPT. OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: P99000003870

Please find our check #1761 enclosed in the amount of $158.75.
Filing fee $150.00 and $8.75 for a certificate of status.

1311 N. Westshore Blvd. • Suite 201 • Tampa, FL 33607 • Voice: 813.282.1483 • Fax: 813.282.1043 • jpcoley@aol.com