

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P99000015392**

1. Entity Name  
**PATRICIA COLGIN, INC.**

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90032 021 \*\*\*150.00

Principal Place of Business <b>115 CYPRESS POND ROAD PORT ORANGE FL 32124</b>	Mailing Address <b>POST OFFICE BOX 291875 PORT ORANGE FL 32129-1875</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3559403</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name: **Patricia J. Colgin**  
Street Address (P.O. Box Number is Not Acceptable): **115 CYPRESS POND ROAD**  
City: **PORT Orange** FL Zip Code: **32124**

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: Patricia J. Colgin (Signature, typed or printed name of registered agent and title if applicable.)  
 Signature: [Handwritten Signature] (NOTE: Registered Agent signature required when resigning)  
 DATE: \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>PSTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COLGIN, PATRICIA J</b>	
STREET ADDRESS	<b>115 CYPRESS POND ROAD</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32124</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASSEY, HENRY L.</b>	
STREET ADDRESS	<b>115 CYPRESS POND RD.</b>	
CITY-ST-ZIP	<b>PORT ORANGE, FL 32124</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Henry L. Massey, Jr. **HENRY L. MASSEY, JR.** Date: 4-24-2000 Daytime Phone #: 904-788-9252

CR2E034 (9/99)