

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017906

Entity Name

COLSON ENTERPRISES, INC.

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90028 020 \*\*\*150.00

Principal Place of Business

3087 N. AMPHIBIAN PT.  
CRYSTAL RIVER FL 34428

Mailing Address

3087 N. AMPHIBIAN PT.  
CRYSTAL RIVER FL 34428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite

City & State

City

Zip

Country

Zip

6. Name and Address of Current Registered Agent

PONDER, CHARLES J  
% THE BOOKKEEPER & ASSOC., INC.  
2667-B N. FLORIDA AVE.  
HERNANDO FL 34442

8. The above named entity submits this statement for the purpose of

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE 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 **D P ST** ☐ Delete  
NAME **COLSON, ERIC D**  
STREET ADDRESS **3087 N. AMPHIBIAN PT.**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE **DST** ☒ Delete  
NAME **COLSON, MELISSA ANN**  
STREET ADDRESS **3027 N AMPHIBIAN PT**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

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

TITLE **VP** ☒ Delete  
NAME **JOHNSTON, JOHN R**  
STREET ADDRESS **204 W HERANDON N**  
CITY-ST-ZIP **HERNANDO FL 34442**

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

TITLE **VP** ☒ Delete  
NAME **COLSON, TROY D**  
STREET ADDRESS **1080 PALM AVE**  
CITY-ST-ZIP **HOMOSASSA SPRINGS FL 34447**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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)(g), Florida Statutes. 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:

*Eric D. Colson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*NEED CHECK  
FOR \$150 BEFORE  
MAY 1ST*



DO NOT WRITE IN THIS SPACE

0900991 Applied For  
Not Applicable

Desired ☐ **\$8.75 Additional Fee Required**

of New Registered Agent

eptable)

**FL**

Zip Code

f Florida.

CR2E034 (10/00)

*1-8-01 352-7952964*