

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059164

1. Entity Name

COLOMBO PROFESSIONAL SERVICES, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90011 037 \*\*\*150.00

Principal Place of Business

435 S RIDGEWOOD AVE #210  
DAYTONA BEACH FL 32114

Mailing Address

435 S RIDGEWOOD AVE #210  
DAYTONA BEACH FL 32114-927

2. Principal Place of Business

222 SOVEREIGN COURT

Suite, Apt. #, etc.

3. Mailing Address

222 SOVEREIGN COURT

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32701

Country

City & State

Altamonte Springs, FL

Zip

32701

Country

4. FEI Number

59-3584478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELUS, ALLEN  
435 S RIDGEWOOD AVE #210  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

MARIA COLOMBO

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

222 SOVEREIGN COURT

City

ALTAMONTE SPRINGS FL

Zip Code

32701

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

*Maria Colombo*

MARIA COLOMBO

4/14/2000

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Maria Colombo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Date

407-782-0747

Daytime Phone #

CR2E034 (9/99)