

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99 000075658

1. Entity Name  
COLORADO REAL PROPERTY INVESTMENTS, INC

FILED  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90119 044 \*\*\*150.00

Principal Place of Business

1145 GALLEON DRIVE  
NAPLES, FL. 34102

Mailing Address

1145 GALLEON DRIVE  
NAPLES, FL. 34102

2. Principal Place of Business

1145 GALLEON DRIVE

3. Mailing Address

1145 GALLEON DRIVE

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34102

Country

USA

Zip

34102

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3632651

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

JARED BLOCK

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

1145 GALLEON DRIVE

City

NAPLES

FL

Zip Code  
34102

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

*Jared Block*  
JARED BLOCK PRESIDENT

4-24-00

(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

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR JARED BLOCK 1145 GALLEON DRIVE NAPLES, FL. 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / TREASURER / SECRETARY COLLEON BLOCK 1145 GALLEON DRIVE NAPLES, FL. 34102	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

*Jared Block*  
JARED BLOCK PRESIDENT

4-24-00

(941)643-2539

Date

Daytime Phone #

CR-10301989