

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079753

1. Entity Name

COLTON CONCRETE, INCORPORATED

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90264 021 ***150.00

Principal Place of Business

205 WHITE DOVE AVENUE
ORANGE CITY FL 32763

Mailing Address

205 WHITE DOVE AVENUE
ORANGE CITY FL 32763-4628

2. Principal Place of Business

346 PINE SPRINGS DR

Suite, Apt. #, etc.

3. Mailing Address

346 PINE SPRINGS DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deberry FL

City & State

Deberry FL

4. FEI Number

59-3596855

Applied For

Not Applicable

Zip

32713

Country

Volusia

Zip

32713

Country

Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

COLTON, MARY LOU
205 WHITE DOVE AVENUE
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name

MARY LOU COLTON

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

346 PINE SPRINGS DR

City

Deberry

FL

Zip Code

32713

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

Mary Lou Colton, Pres.

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	Pres	<input type="checkbox"/> Delete
NAME	MARY LOU COLTON	
STREET ADDRESS	346 PINE SPRINGS DR	
CITY-ST-ZIP	Deberry FL 32713	
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	V. P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES COLTON	
STREET ADDRESS	346 PINE SPRINGS DR	
CITY-ST-ZIP	Deberry FL 32713	
TITLE	TODD FREEMAN Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	346 PINE SPRINGS DR	
CITY-ST-ZIP	Deberry FL 32713	
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 or other like empowered.

SIGNATURE:

Mary Lou Colton, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

407-753 0610

Daytime Phone #

CR2E034 (9/99)