2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State DOCUMENT # P99000081758 1. Entity Name 03-24-2002 90079 031 ***150.00 COLBICO, INC. Principal Place of Business Mailing Address 14810 CRYSTAL COVE CT. 14810 CRYSTAL COVE CT. SUITE 802 SUITE 802 FT. MYERS FL 33919 FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0958818 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEFF, COLBI D Street Address (P.O. Box Number is Not Acceptable) 14810 CRYSTAL COVE CT. SUITE 802 FT. MYERS FL 33919 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition LEFF, COLBI D NAME NAME CONGRESS, COLBI D.L. 14810 CRYSTAL COVE CT. STE. 802 STREET ADDRESS STREET ADDRESS 14810 CRYSTAL COVE CT. STE. 802 CITY-ST-ZIP FT. MYERS FL 33919 CITY-ST-ZIP <u>FORT MYERS, FL 33919</u> TITLE ☐ Delete TITLE ☐ Change X Addition NAME CONGRESS, BRADLEY J. STREET ADDRESS STREET ADDRESS 14810 CRYSTAL COVE CT. STE. 802 CITY-ST-ZIP CITY-ST-ZIE FORT MYERS, FL 33919 ☐.Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

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