

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90079 031 ***150.00

DOCUMENT # P990000081758		Mar 24, 2002 8:00 a.m. Secretary of State 03-24-2002 90079 031 ***150.00	
1. Entity Name COLBICO, INC.			
Principal Place of Business 14810 CRYSTAL COVE CT. SUITE 802 FT. MYERS FL 33919		Mailing Address 14810 CRYSTAL COVE CT. SUITE 802 FT. MYERS FL 33919	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		4. FEI Number 65-0958818 Applied For Not Applicable	
		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEFF, COLBI D 14810 CRYSTAL COVE CT. SUITE 802 FT. MYERS FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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)		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	
D LEFF, COLBI D 14810 CRYSTAL COVE CT. STE. 802 FT. MYERS FL 33919		D CONGRESS, COLBI D.L. 14810 CRYSTAL COVE CT. STE. 802 FORT MYERS, FL 33919	
D CONGRESS, BRADLEY J. 14810 CRYSTAL COVE CT. STE. 802 FORT MYERS, FL 33919			
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: _____		3/7/02 LEFF, COLBI D. L. CONGRESS (941) 437-2692	