

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092188

1. Entity Name

COLHAN OF WEDGEWOOD COMMONS, INC.

FILED
Sep 22, 2000 8:00 am
Secretary of State

09-22-2000 90004 004 ***150.00

Principal Place of Business

3316 S.E. FEDERAL HWY.
STUART FL 34997

Mailing Address

3316 S.E. FEDERAL HWY.
STUART FL 34997

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

65-0958794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANNA, KURLENA V
3316 S.E. FEDERAL HWY.
STUART FL 34997

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	HANNA, KURLENA V	
STREET ADDRESS	3316 S.E. FEDERAL HWY.	
CITY-ST-ZIP	STUART FL 34997	
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		<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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature] **SIGNATURE REQUIRED PP** K.V.H.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (5/00)

Attachment # P99000092188
30107447

Lance P. Mirrer, CPA, P.A.
Certified Public Accountants & Financial Consultants
PO Box 260879
Pembroke Pines, FL 33026
(954) 432-1099/FAX (954) 443-6123
E-mail: cpa@taxmancpa.com

September 19, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Box 1500
Tallahassee, FL 32302-1500

Re: Colhan of Wedgewood Commons, Inc
Doc # P99000092188

Dear Madam or Sir:

Enclosed are properly completed & executed 2000 Uniform Business Report and payment for the above corporation. On behalf of this corporation, I request you to abate the late filing penalty due to reasonable cause.

This corporation **never** received their initial filing notice. When they did not receive your renewal notice, they believed I, as their CPA had filed the report for them.

Please call if you need any further information or clarification on this matter.

Sincerely,


Lance P. Mirrer, CPA

SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED # Z 847 019 172