

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90013 022 ***150.00

DOCUMENT # S00301

1. Entity Name

JOHN COLTON AND ASSOCIATES, INC.

Principal Place of Business

**103 S. INDIAN CIRCLE
 COCOA FL 32922-7103**

Mailing Address

**103 S. INDIAN CIRCLE
 COCOA FL 32922-7103**

2. Principal Place of Business

**3815 N. US HWY 1
 SUITE 2**

3. Mailing Address

**3815 N. US HWY 1
 SUITE 2**

City & State

Cocoa FL

City & State

Cocoa FL

4. FEI Number

59-3028950

Applied For

Not Applicable

Zip

32926

Country

US

Zip

32926

Country

US

5. Certificate of Status Desired - ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COLTON, JOHN R.
 103 S. INDIAN CIRCLE
 COCOA FL 32922**

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

John R. Colton **JOHN R. COLTON** **VIC. PRES**

DATE

1-31-02

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, 2002 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 **D** ☐ Delete
 NAME **COLTON, JOHN R.**
 STREET ADDRESS **103 S. INDIAN CIRCLE**
 CITY-ST-ZIP **COCOA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

John R. Colton **JOHN R. COLTON** **VIC. PRES** **1/31/02** **321 636 2540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)