## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # \$28828** 1. Entity Name COLTON ENTERPRISES, INC. 04-18-2001 90052 036 \*\*\*150.00 Principal Place of Business Mailing Address 6013 FERRERA ST. 6013 FERRERA ST. JUPITER FL 33458 JUPITER FL 33458 C0047715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0251427 Not Applicable Zip Country Zip 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 COLTON, ETHEL B. PRESI Street Address (P.O. Box Number is Not Acceptable) **6013 FERRERA STREET** JUPITER FL 33458 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) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ■ Addition Change Colton. Ethel B. NAME NAME STREET ADDRESS **6013 FERRERA STREET** STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-7IP VAS TITLE ☐ Delete TITLE Change ☐ Addition COLTON, RONALD T NAME NAME STREET ADDRESS 6013 FERRERA STREET STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP JUPITER FL 33458 DVPT TITLE ☐ Delete TITLE Change ☐ Addition COLTON, LARA L NAME NAME STREET ADDRESS 6013 FERRERA STREET STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP DSAV TITLE Delete TITLE Change ☐ Addition NAME MALONE, CAROLE A NAME STREET ADDRESS 702 MIRAMAR LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete TITLE TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 561-636-3480
Daytime Phone #