

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90134 005 ***150.00

MR0203 AV

DOCUMENT # S42266

1. Entity Name
COLBY HOLDINGS, INC.

Principal Place of Business

**481 NORTH 77TH AVE.
 PENSACOLA FL 32506**

Mailing Address

**481 NORTH 77TH AVE.
 PENSACOLA FL 32506**

2. Principal Place of Business

6435 LAKE CHARLENE LN.

Suite, Apt. #, etc.

PENSACOLA FL 32506

City & State

Zip
32506

Country
U.S.A.

3. Mailing Address

6435 LAKE CHARLENE LN.

Suite, Apt. #, etc.

PENSACOLA FL 32506

City & State

Zip
32506

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3063574**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COLBY, EDWARD O
 481 N. 77TH AVENUE
 PENSACOLA FL 32506**

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 \$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 **VSD** ☒ Delete
 NAME **COLBY, CHAD E.**
 STREET ADDRESS **15333 SHERWOOD FOREST DR**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **PTD** ☐ Delete
 NAME **COLBY, EDWARD O.**
 STREET ADDRESS **481 N. 77TH AVE.**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **VSD** ☐ Delete
 NAME **COLBY, SONNA J**
 STREET ADDRESS **481 N. 77TH AVENUE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☒ Delete
 NAME **PACKARD, TONYA**
 STREET ADDRESS **1320 PROVIDENCE DRIVE**
 CITY-ST-ZIP **LAWRENCEVILLE GA**

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
 STREET ADDRESS
 CITY-ST-ZIP

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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: Edward O. Colby **EDWARD O. COLBY** 2-19-02 850-455-9288
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)