

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90502 034 ***150.00

DOCUMENT # S45661

1. Entity Name
COLEDO INCORPORATED

Principal Place of Business 13180 N. CLEVELAND AVE. 210 N. FT. MYERS FL 33903	Mailing Address 13180 N. CLEVELAND AVE. 210 N. FT. MYERS FL 33903
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0259069** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPENCER, DAVID
 13180 N. CLEVELAND AVE.
 210
 N. FT. MYERS FL 33903**

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	SPENCER, DAVID S	3000 CRAYTON RD	NAPLES FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	DAVIS, RICHARD L	315 ST ANDREW BLVD	NAPLES FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ZOGRAFOS, JAMES	9 ROCKYLEDGE ROAD	SWAMPSCOTT MA	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	KALIONTZIS, GEORGE	23 PINE RIDGE ROAD	ARLINGTON MA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*P.O. Box 11839
 NAPLES, FL 34101*

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: *David S Spencer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01 (941) 995-5356
 Date Daytime Phone #

CR2E034 (10/00)