2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S57226 **DOCUMENT #**

1. Entity Name

THE COLSON GROUP, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90044 038 ***150.00

| Suite, Apt. 4, etc. City & State | Principal Place of Business C/O BILL COLSON 200 S BISCAYNE BLVD MIAMI FL 33131 | | | DEAI 255 COR | Mailing Address DEAN COLSON. HICKS. EIDSON 255 ARAGON AVENUE 2ND FLOOR CORAL GABLES FL 33134-5008 | | | | | | | | |
|--|---|------------------|--------------------------|----------------------------|---|--------------|--|-----------------|---------------------------------|----------------|---------------|------------|--|
| City & State City & State City & State City & State Country A. FEI Number 65-0265487 Ner Application Set 75- Academia Ner Application Set 75- Academia Fine Registered Agent COUSON, DEAN COUSON, HICKS, EIDSON 25- ARAGON AVENUE 2ND FLOOR CORAL CABLES FL 33134-5008 City City FL Zip Code City City City FL Zip Code City City City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City | 2. Principal Place of Business | | | 3. Ma | 3. Mailing Address | | | | | | | | |
| The Cocinity Zip | Suite, Apt. #, etc. | | | Su | Suite, Apt. #, etc. | | | - | CHECK HERE IF MAKING CHANGES | | | | |
| S. Name and Address of Current Registered Agent COLSON, DEAN COLSON, DEAN COSON, HCK'S, EIDSON 255 ARAGGN AVENUE 2ND FLOOR CORAL GABLES FL 33134-5008 City FLE Registered Agent (City) FLE Signated Agent story avenue when the first statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam lamiliar with, and accept the obligations of registered agent. FILLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State TO. OFFICERS AND DIRECTORS TILE TILE DPS COLSON, DEAN COLSON, DEAN COLSON, DEAN MAKE COLSON, DEAN TILE DPS COLSON, DEAN COLSON, DEAN COLSON, DEAN COLSON, DEAN TILE TILE DPS COLSON, DEAN TILE TILE DPS COLSON, DEAN COL | City & State | | | | City & State | | | 4. F | FEI Number 65-0265487 | | | | |
| COLSON, DEAN COLSON, HCKS, EIDSON 255 ARAGON AVENUE 2ND FLOOR CORAL GABLES FL 33134-5008 8. Three above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familier with, and accopt the obligations of registered agent agent and titled recitable. Post City FL Zip Code | Zip | Country | | | Zip Count | | | 5. (| | | | | |
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| COLSON, HICKS , EIDSON 255 ARAGON AVENUE 2ND FLOOR CORAL GABLES FL 33134-5008 City FL Zio Code B. The above named entity submit this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accopt the chingations of registered agent. SIGNATURE FILE NOWI!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS ITTLE DPS OFFICERS AND DIRECTORS ITTLE DPS OFFICERS AND DIRECTORS ITTLE DPS OFFICERS AND DIRECTORS IN ITTLE OFFICERS AND DIRECTORS IN ITTLE OFFICERS AND DIRECTORS IN ITTLE Dedde ITTLE NAME SIREE ADDRESS CITY 51-72P ITTLE Dedde Dedde ITTLE Dedde Dedde ITTLE Dedde Ded | | | | | | | Name | | • | | | 1 | |
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| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 | • | | | | | | | | | | | | |
| B. The abbove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNAT | - | | | | | | | | | | | | |
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| After May 1, 2003 Fee will be \$55.0.00 Make Check Payable to Florida Department of State 10. | SIGNATURE - | Signature, typed | or printed name of regis | tered agent and title if a | pplicable. (NOT | E: Registere | d Agent signature re | equired when re | einstating) | DATE | | | |
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| 12. I hereby certify that the information symbled with this filing does not qualify for the exemption 119.07(3)(i). Florida Statutes. I further certify that the information | CITY-ST-ZIP | | - infor | Aliced with this pre- | an done not cuclify fo | | I | lin Section | 119 07(3)(i) Florida Statutes H | further certif | v that the ir | nformation | |

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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR