

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59262

1. Entity Name

COLORS INC. OF FORT LAUDERDALE

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90240 049 ***150.00

Principal Place of Business

Mailing Address

7041 SW 21 PL
BLDG 4
DAVIE FL 33317
US

7041 SW 21 PL
BLDG 4
DAVIE FL 33317-7T16
US

2. Principal Place of Business

3. Mailing Address

12323 S.W. 5534
Suite, Apt. #, etc.
#1004

12323 S.W. 5534
Suite, Apt. #, etc.
#1004

City & State

Cooper City FL

City & State

Cooper City FL

Zip

33330

Country

US

Zip

33330

Country

US

4. FEI Number

65-0262183

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

PENCE, RON
7041 SW 21 PT
DAVIE FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

12323 S.W. 5534 #1004

City

Cooper City

FL

Zip Code

33330

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, 2000 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
DP
PENCE, RONALD
13240 S.W. 32 COURT
DAVIE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

Ron Pence Ron Pence

4/15/00 954-252-1477