

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91102 036 \*\*\*158.75

**DOCUMENT # S91894**

1. Entity Name

**COLT CAPITAL CORPORATION**

Principal Place of Business

P O BOX 7638  
NAPLES FL 34101-7638  
US

Mailing Address

P O BOX 7638  
NAPLES FL 34101-3410

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 **59-3091398**

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

**STAMP, MARTIN F.**  
**201 S ORANGE AVE**  
**SUITE 900**  
**ORLANDO FL 32801**

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, 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 **PVT** ☐ Delete  
NAME **WEST, ERIC**  
STREET ADDRESS **~~200-0000 LETTE RD S #17~~**  
CITY-ST-ZIP **NAPLES FL**

TITLE **PVT** ☒ Change ☐ Addition  
NAME **WEST, ERIC**  
STREET ADDRESS **568 9TH STREET S. #107**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **SD** ☐ Delete  
NAME **WEST, ERIC**  
STREET ADDRESS **~~200-0000 LETTE RD S #17~~**  
CITY-ST-ZIP **NAPLES FL**

TITLE **SD** ☒ Change ☐ Addition  
NAME **WEST, ERIC**  
STREET ADDRESS **568 9TH STREET S. #107**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)