

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26924

1. Entity Name

COLBERT & COTTON, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90219 046 \*\*\*150.00

Principal Place of Business

Mailing Address

4933 WEST NASSAU STREET  
TAMPA FL 33607

P.O. BOX 26048  
TAMPA FL 33623-6048

2. Principal Place of Business

5413 WEST SLIGH AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

Zip

Country

33634

4. FEI Number

59-3118586

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

COTTON, MICHAEL A  
4933 WEST NASSAU STREET  
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)  
5413 WEST SLIGH AVE.

City

TAMPA

FL

Zip Code

33634

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]* President

1/13/2000

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 ☐ Delete  
NAME P  
STREET ADDRESS COTTON, MICHAEL A  
CITY-ST-ZIP 5630 RAWLS RD.  
TAMPA FL 33625

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS COLBERT, STEVEN C  
CITY-ST-ZIP 15002 ALBRIGHT DRIVE  
TAMPA FL 33613

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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

1/13/2000

Date

813-806-4331

Daytime Phone #

CR2E034 19/99