2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 09, 2000 8:00 am Secretary of State **DOCUMENT # V51145** COLDAR HOLDINGS CORP. 02-09-2000 90383 036 \*\*\*158.75 Mailing Address Principal Place of Business 2113 HELM PLACE 2113 HELM PLACE A0017815 WHISTLER BC VON1B WHISTLER BC VON1B HS US 2. Principal Place of Business 5811 West 3. Mailing Address
5811 WestLAKE DR. WestLAKE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State الا فس 4. FEI Number RICHE 59-3147154 RICHEY New Poer TORT Not Applie \$8.75 Additional 5. Certificate of Status Desired W.S. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOWAS EATON, ALLAN Street Address (P.O. Box Number is Not Acceptable) % ALLAN EATON ASSOC. 10 MOUNTAIN LAUREL RD., BLUE JAY ESTATES PALM HARBOR FL 34683 2 BOR 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, JAW.15, 2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change TITLE ☐ Delete TITLE EATON, COLLEEN NAME NAME STREET ADDRESS STREET ADDRESS 10 MOUNTAIN LAUREL RD. CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ ..... TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empo

Daytime Phone #

SIGNATURE: