2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V51145

City-St-Zip:

NEW PORT RICHEY, FL 34653

Entity Name: COLDAR HOLDINGS CORP.

FILED Mar 13, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5811 WEST LAKE DR NEW PORT RICHEY, FL 34653 LIS **Current Mailing Address: New Mailing Address:** 5811 WEST LAKE DR NEW PORT RICHEY, FL 34653 US FEI Number: 59-3147154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EATON, THOMAS 5811 WEST LAKE DR NEW PORT RICHEY, FL 34653 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (X). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition EATON, THOMAS Name: Name: 5811 WEST LAKE DR Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: WELLER, MJ Name: EATON, MAVIS 5811 WEST LAKE DR 5811 WEST LAKE DR Address: Address: NEW PORT RICHEY, FL NEW PORT RICHEY, FL City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition CLANEY, J MR Name: Name: 5811 WEST LAKE DR Address: Address: NEW PORT RICHEY, FL 34653 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition KRAL, RG Name: Name: Address: 10 MOUNTAIN LAUREL DR Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: Title: (X) Delete Title: () Change () Addition WILKINS, BD MR Name: Name: 5819 WEST LAKE DR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: THOMAS EATON S 03/13/2002