

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90094 015 ***150.00

DOCUMENT # 453512

1. Entity Name
WETZEL-COLLINS, INC.



Principal Place of Business
**713 BRADFORD DR.
FT. WALTON BEACH FL 32547**

Mailing Address
**713 BRADFORD DR.
FT. WALTON BEACH FL 32547**

2. Principal Place of Business
407 Roscommon Blvd
Suite, Apt. #, etc.

3. Mailing Address
407 Roscommon Blvd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Niceville, Florida

City & State
Niceville, Florida

4. FEI Number
59-1553030

Applied For
☐ Not Applicable

Zip
32578-4908

Country
Okaloosa

Zip
32578-4908

Country
Okaloosa

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

**COLLINS, MARY WETZEL
713 BRADFORD DR.
FT. WALTON BEACH FL 32547**

Name
Collins, Mary Wetzel
Street Address (P.O. Box Number is Not Acceptable)
407 Roscommon Blvd
City
Niceville **FL** Zip Code
32578-4908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COLLINS, MARY W.
713 BRADFORD DR.
FT. WALTON BCH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Collins, Mary W
407 Roscommon Blvd
Niceville, FL 32578-4908** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
COLLINS, JOHN A.
713 BRADFORD DR.
FT. WALTON BCH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Collins, John A
407 Roscommon Blvd
Niceville, FL 32578-4908** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MULCAHY, CATHERINE C.
432 VALLEY GLEN PLACE
RICHARDSON TX** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LAURENDINE, LISA C.
111 ROLLING LEA PL
MADISON AL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY W. COLLINS

Mar 8 2003

850-678-6208

Date

Daytime Phone #

CR2E034 (10/02)