## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 558223 1. Entity Name RICHARD COLLINS PLUMBING, INC. Principal Place of Business Mailing Address 4475 SHERWOOD DR. 4475 SHERWOOD DR. TITUSVILLE FL 32796 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

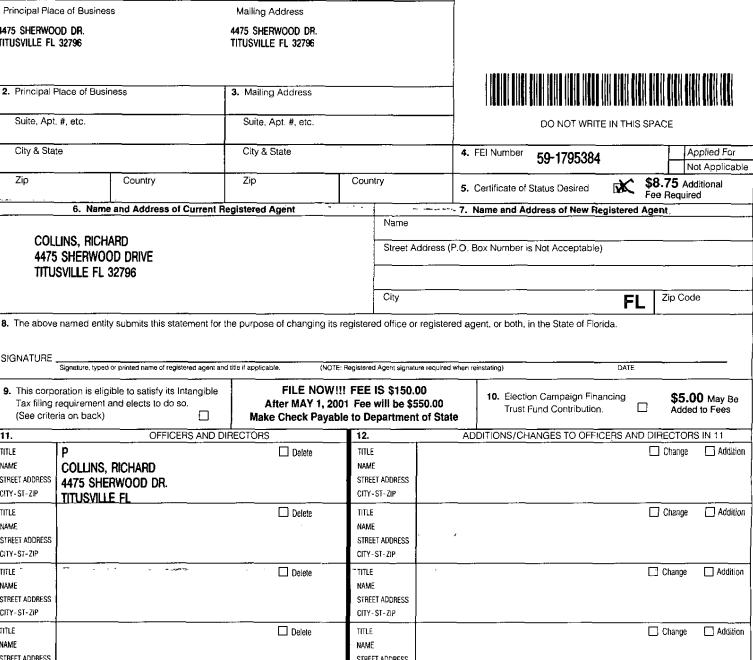
COLLINS, RICHARD

4475 SHERWOOD DRIVE TITUSVILLE FL 32796

6. Name and Address of Current Registered Agent

## May 04, 2001 8:00 am Secretary of State

05-04-2001 90044 004 \*\*\*158.75



SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE NAME NAME COLLINS, RICHARD STREET ADDRESS STREET ADDRESS 4475 SHERWOOD DR. CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

Country

Name

City

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.

CITY-ST-ZiP

SIGNATURE:

CITY-ST-ZIP

Zip