

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 573670

1. Entity Name  
JACK COLLINS REALTY INC.

Principal Place of Business  
20001 GULF BLVD.  
INDIAN SHORES FL 33785-2417  
US

Mailing Address  
20001 GULF BLVD.  
INDIAN SHORES FL 33785-2417  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1913740

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

FRASER, CHARLES  
20001 GULF BLVD.  
INDIAN SHORES FL 33785

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 PST  
NAME FRASER, CHARLES  
STREET ADDRESS 20002 GULF BLVD., APT. 2806  
CITY-ST-ZIP INDIAN SHORES FL ☐ Delete

TITLE President ☒ Change ☐ Addition  
NAME Stirling, Margaret  
STREET ADDRESS 10629 Andrew Ln  
CITY-ST-ZIP Largo FL 33777

TITLE V  
NAME STIRLING, MARGARET  
STREET ADDRESS 19941 GULF BLVD.  
CITY-ST-ZIP INDIAN SHORES FL ☐ Delete

TITLE Vice President ☒ Change ☐ Addition  
NAME Fraser, Charles  
STREET ADDRESS 20002 Gulf Blvd Apt 2806  
CITY-ST-ZIP Indian Shores FL 33785

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

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

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.

Margaret Stirling

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

727 595 2001

Daytime Phone #

CR2E034 (10/00)