

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 669776

1. Entity Name

LEE JAY COLLING & ASSOCIATES, P.A.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90037 044 ***150.00

Principal Place of Business

500 N. MAITLAND AVE.
STE 203
MAITLAND FL 32751
US

Mailing Address

500 N MAITLAND AVE #203
MAITLAND FL 32751-4462
US

2. Principal Place of Business

1920 E. Robinson St.
Suite, Apt. #, etc.

3. Mailing Address

1920 E. Robinson St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-2009846

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLING, LEE JAY
500 N. MAITLAND AVE.
STE 203
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

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

1920 E. Robinson St.

City

Orlando

FL

Zip Code

32803

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, 2000 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

TITLE PDS
NAME COLLING, LEE JAY
STREET ADDRESS 500 N. MAITLAND AVE., STE 203
CITY-ST-ZIP MAITLAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS
NAME LEE JAY COLLING
STREET ADDRESS 1920 E. Robinson St.
CITY-ST-ZIP Orlando, FL 32803

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

Lee Jay Colling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE JAY COLLING

Date

4-11-00

Daytime Phone #

407 894-9003

CR2E034 (9/99)