

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F11493

1. Entity Name

COLLINSWORTH, ALTER, NIELSON, FOWLER & DOWLING,

Principal Place of Business

5979 N.W. 151ST ST., SUITE 105
P.O. BOX 9315
MIAMI LAKES FL 33014-9315
US

Mailing Address

5979 N.W. 151ST ST., SUITE 105
P.O. BOX 9315
MIAMI LAKES FL 33014-9315
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 59-2053159

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

ALTER, DAVID I.
5979 N.W. 151ST #105
SUITE 200
MIAMI LAKES FL 33014

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 PD
NAME COLLINSWORTH, W MEADE
STREET ADDRESS 5979 N W 151 STR., #105
CITY-ST-ZIP MIAMI LKS, FLORIDA 3 ☐ Delete

TITLE SD
NAME DOWLING, LYNN
STREET ADDRESS 5979 N W 151 STR., #105
CITY-ST-ZIP MIAMI LKS, FLORIDA 0 ☐ Delete

TITLE TD
NAME ALTER, DAVID I
STREET ADDRESS 5979 N W 151 STR., #105
CITY-ST-ZIP MIAMI LKS, FLORIDA 3 ☐ Delete

TITLE VP
NAME NIELSON, CHARLES J.
STREET ADDRESS 5979 NW 151 ST #105
CITY-ST-ZIP MIAMI LAKES FL ☐ Delete

TITLE VP
NAME FOWLER, LEE R.
STREET ADDRESS 5979 NW 151 STREET #105
CITY-ST-ZIP MIAMI LAKES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn Dowling.

Sec.

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90099 026 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)