

DOCUMENT # F22861

1. Entity Name

BARBARA COLLINS, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90079 040 ***150.00

Principal Place of Business: 5151 NE 30TH AVE, LIGHTHOUSE POINT FL 33064
Mailing Address: 5151 NE 30TH AVE, LIGHTHOUSE POINT FL 33064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State
Zip
Country

4. FEI Number 59-2151436
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLLINS, BARBARA
5151 NE 30TH AVE
LIGHTHOUSE POINT FL

7. Name and Address of New Registered Agent
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

Table with 2 columns: OFFICERS AND DIRECTORS. Row 1: TITLE DP, NAME COLLINS, BARBARA, STREET ADDRESS 5151 NE 30TH AVE, CITY-ST-ZIP LIGHTHOUSE PT FL. Includes Delete checkbox.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes Change and Addition checkboxes.

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...

SIGNATURE: Barbara Collins (BARBARA COLLINS) 1/5/01 954 428 3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)