

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90204 030 \*\*\*150.00

**DOCUMENT # F83680**

**1. Entity Name**  
**J. ERNEST COLLINS, P.A.**

**Principal Place of Business**

**231 E. FOURTH ST.**  
**PO BOX 517**  
**PANAMA CITY FL 32402**

**Mailing Address**

**231 E. FOURTH ST.**  
**PO BOX 517**  
**PANAMA CITY FL 32402-0517**

**2. Principal Place of Business**

**600 S.W. TREASURE COVE**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**600 S.W. TREASURE COVE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
**PORT SAINT LUCIE**

**Zip**  
**34986 - 3438**

**Country**  
**U.S.A.**

**City & State**  
**PORT SAINT LUCIE**

**Zip**  
**34986 - 3438**

**Country**  
**U.S.A.**

**4. FEI Number**  
**59-2201118**

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COLLINS, J ERNEST**  
**231 E 4TH ST.**  
**PANAMA CITY FL 32401**

**7. Name and Address of New Registered Agent**

**Name**

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

**600 S.W. TREASURE COVE**

**PORT SAINT LUCIE**

**City** **PORT SAINT LUCIE FL** **Zip Code** **34986 - 3438**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 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** **DP** ☐ Delete  
**NAME** **COLLINS, J ERNEST**  
**STREET ADDRESS** **311 HOLLIS AVE**  
**CITY-ST-ZIP** **PANAMA CITY FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **600 S.W. TREASURE COVE**  
**CITY-ST-ZIP** **PORT SAINT LUCIE, FL 34986 - 3438**

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

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

**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:** *J. Ernest Collins* **J. ERNEST COLLINS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**  
**April 9, 2002** **(772) 340-0262**  
 Date Daytime Phone #

CR2E034 (9/01)