

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90393 007 ***150.00

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1. Entity Name
COLLINSON, INC.



Principal Place of Business
**P.O. BOX 181
EXTON PA 19341**

Mailing Address
**P.O. BOX 181
EXTON PA 19341**

2. Principal Place of Business
P.O. Box 397

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wichland, PA

City & State

Zip
19480-0397

Country

Zip

Country

4. FEI Number **23-1895784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DECAROLIS, JOSEPH
606 VIA VERONA
DEERFIELD BEACH FL 33442**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **COLLINSON, THOMAS W JR.**
STREET ADDRESS **813 ROBERT DEAN DRIVE**
CITY-ST-ZIP **DOWNTOWN PA**

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

TITLE **C** ☐ Delete
NAME **COLLINSON, THOMAS W SR.**
STREET ADDRESS **SABAL POINT UNIT 803 700 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **VC** ☐ Delete
NAME **COLLINSON, MARY B**
STREET ADDRESS **SABAL POINT UNIT 803 700 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **VPSD** ☒ Delete
NAME **WOLPER, JOHN**
STREET ADDRESS **395 FIRST AVENUE**
CITY-ST-ZIP **PHOENIXVILLE PA 19460**

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

TITLE **T** ☐ Delete
NAME **RYDER, RONALD**
STREET ADDRESS **201 FARMINGDALE DR.**
CITY-ST-ZIP **DOUGLASSVILLE FL 19518**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

3/6/03

Date

Daytime Phone #

CR2E034 (10/02)