

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000005971**1. Entity Name
COLLINS TECHNICAL LTD., CORP.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90018 004 ***150.00

Principal Place of Business

Mailing Address

8330 AIA S
ST AUGUSTINE FL 32086
US**8330 AIA S**
ST AUGUSTINE FL ~~32086~~ 32080
US

2. Principal Place of Business

3. Mailing Address

8330 AIA S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST-AUGUSTINE FL4. FEI Number **23-2075860**

Applied For

Not Applicable

Zip

Country

Zip

Country

32080 ST. JOHNS5. 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

COLLINS, JOHN
8330 AIA S.
ST. AUGUSTINE FL 32086

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	COLLINS, JOHN	8330 AIA S.	ST. AUGUSTINE FL 32086	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	COLLINS, PJ	8330 AIA S.	ST. AUGUSTINE FL 32086	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	COLLINS, PAUL S	658 COLE ST.	SAN FRANCISCO CA 94117	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

2/26/01

Date

904 461-4546

Daytime Phone #

CR2E034 (10/00)