2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H58574 1. Entity Name THE WILLIAM COLLINS GROUP, INC. Principal Place of Business Mailing Address 11 D. CONCOURSE DRIVE 11 D. CONCOURSE DRIVE TEQUESTA FL 33469 TEQUESTA FL 33469

FILED Mar 08, 2001 8:00 am Secretary of State 03-08-2001 90012 021 ***150.00

041014

เขอ		08		1				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt, #, etc,		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 59-25	35279	1 +	oplied For ot Applicable]
Zip	Country	Zip	Country	5. Certificate of Status De	sired	3.75 Add e Require	ditional d	
	6. Name and Address of Current F		7. Name and Address of	New Registered Age	ent]~	
		Name	Name					
COLLINS, WILLIAM F. 11 D. CONCOURSE DRIVE TEQUESTA FL 33469			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	e	Ī
8. The above	named entity submits this statement for		egistered office or registe	ered agent, or both, in the Stat	e of Florida.			
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE			}
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		10. Election Campa Trust Fund Con			0 May Be I to Fees	
11,	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES T	O OFFICERS AND DI	RECTORS	3 IN 11] .
TITLE	P	☐ Delete	TITLE			Change	Addition	١٤
NAME STREET ADDRESS CITY-ST-ZIP	COLLINS, WILLIAM F. 11D CONCOURSE DR TEQUESTA FL		NAME STREET ADDRESS CITY-ST-ZIP					E024 (10)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	CBS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	aryun <u>manan</u> ayan	Delete	NAME STREET ADDRESS CITY-ST-ZIP		يستور سامسون] Change 🥃	→ [] Addition -	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET AODRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP] Change	Addition]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP) Change	Addition	
indicated of the cor	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustes empoy or on an attachment with an address, wi	true and accurate and that my vered to execute this report a	signature shall have the	same legal effect as if made	under oath: that I am a	an officer	or director 1	

SIGNATURE: 4