

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90070 030 ***150.00

DOCUMENT # J13056

1. Entity Name
WEEZZIE COLLINS REALTY, INC.



Principal Place of Business
**1249 EDGEWOOD AVE. W.
JACKSONVILLE FL 32208
US**

Mailing Address
**1249 EDGEWOOD AVE. W.
JACKSONVILLE FL 32208
US**

2. Principal Place of Business
same as Above
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2829
Suite, Apt. #, etc.

City & State
JACK FL
Zip
32203
Country
USA

City & State
JACK FL
Zip
32203
Country
USA

4. FEI Number **59-2678585**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**COLLINS, ELOUISE M
619 APPIAN WAY
JACKSONVILLE FL 32208**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS COLLINS, ELOUISE M 619 APPIAN WAY JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Eloise M. Collins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/25/03** Daytime Phone # **904 764-8940**

CR2E034 (4/03)

Attachment

86141871

513056

Elouise Mervin Collins, GRI
Licensed Real Estate Broker
Multi-Million Dollar Producer

764-8900

WEEZZIE COLLINS REALTY, Inc.



8/25/03

Dear Sirs:

Again this is the 1st Notice
I received to pay the corp fee.
I've listed my Post Office address
for future mail. This may correct
the problem of this being paid
on time. Please accept my fee
with out the late fee and if
this report is mailed to me at the
P.O. Box it won't be late in the
future.

Sincerely
Elouise M. Collins