

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16415

1. Entity Name

COLLINS BODY & SOLE, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90142 001 \*\*\*450.00

Principal Place of Business

Mailing Address

SPRITS & STRIDE RILE  
945 SUGARLAND HWY  
CLEWISTON FL 33440  
US

10131 SOUTHERN BLVD  
ROYAL PALM BEACH FL 33411-4336  
US

13723



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10131 Southern Blvd  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Royal Palm Beach  
City & State

City & State

Zip  
33411

Country  
Palm Beach

Zip

Country

4. FEI Number 59-2681146

Applied For  
Not Applicable

5. 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 J. JR.  
12794 WEST FOREST HILL BOULEVARD  
WEST PALM BEACH FL 33414

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME COLLINS, JOHN J. JR.  
STREET ADDRESS 12794 WEST FOREST HILL  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS 10131 Southern Blvd  
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

561 795-4612

Daytime Phone #

CR2E034 (9/99)