

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J34010

1. Entity Name

THE FRANK COLLINS CORPORATION

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90112 027 ***150.00

601274



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2300 LARSEN ROAD
JACKSONVILLE FL 32207-7213

2300 LARSEN ROAD
JACKSONVILLE FL 32207-7213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2722195

Applied For
Not Applicable

Zip

Country

Zip

Country

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

NOE, WILLIAM G., JR.
599 ATLANTIC BLVD.
SUITE 6
ATLANTIC BEACH FL 32233

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 P
NAME COLLINS, FRANK T.
STREET ADDRESS 8309 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL 32221 ☒ Delete

TITLE P
NAME COLLINS, FRANK T.
STREET ADDRESS 2300 LARSEN ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32207-7213 ☒ Change ☐ Addition

TITLE VST
NAME COLLINS, FRANK T.
STREET ADDRESS 8309 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE VST
NAME COLLINS, FRANK M
STREET ADDRESS 2300 LARSEN ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32207-7213 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Frank T Collins

1-7-2000 904-398-3266
Date Daytime Phone #

CR2E034 (9/99)