(9/01)

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # J97480 1. Entity Name 04-09-2002 90066 028 ***150.00 R.M. COLLINS, INC. Principal Place of Business Mailing Address 11150 LUWISTA LN P.O. BOX 1256 **BROOKSVILLE FL 34601 BROOKSVILLE FL 34601** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2858390 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLINS: R: M ====== Street Address (P.O. Box Number is Not Acceptable) 11150 LUWISTA LN **BROOKSVILLE FL 34601** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition COLLINS, R M NAME NAME STREET ADDRESS 11150 LU WISTA LANE STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition VMT NAME COLLINS, GAIL NAME STREET ADDRESS 11150 LU WISTA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** ☐ Delete TITLE ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 see suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information suppl

SIGNATURE:

indicated on this report or supplement of the corporation or the receiver or in changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME