

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90093 022 ****55.00

DOCUMENT # L01000004887

1. Entity Name

COLLINS CONSTRUCTION & COMPANY, L.C.

Principal Place of Business

320 DIVISION AVE SUITE B
ORMOND BEACH FL 32174

Mailing Address

320 DIVISION AVE. SUITE B
ORMOND BEACH FL 32174

2. Principal Place of Business

320 Division Avenue

3. Mailing Address

320 Division Avenue

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Ormond Beach FL

City & State

Ormond Beach FL

Zip

32174

Country

USA

Zip

32174

Country

USA

4. FEI Number

59-370 8658

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, JASON
12 MEADOW RIDGE VIEW
ORMOND BEACH FL 32174

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **COLLINS, JASON**
STREET ADDRESS **12 MEADOW RIDGE VIEW**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **MGR** ☐ Delete
NAME **SCHAEUBLE, KURT**
STREET ADDRESS **340 DIVISION AVE., STE. B**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☒ Addition
NAME **Manager**
STREET ADDRESS **Raymond Rodriguez**
CITY-ST-ZIP **4355 Arajo Court**
Orlando, FL 32812

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

1-11-02 386-615-1967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)