2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015982

1. Entity Name

COLLINS-KIEFER SEMINARS, LLC



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90040 048 ****50.00

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•	e of Business	Mailing Address	_		1		^ ለ ስ ባ	MEI	
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2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number	59-3746071			oplied For
Zip	Country	Zip	Country		5. Certificate of	Status Desired		5.00 Add	ditional
	6. Name and Address of C			7. Name and A	ddress of New Reg	istered A	gent		
- COI	LINS, DAVID L		Na	me					
400	GULF BREEZE PARKWAY, F BREEZE FL 32561	SUITE 205	Stre	Street Address (P.O. Box Number is Not Acceptable)					
GOL	DICEPE LE 05001								
			City	у			FL	Zip Cod	e
8. The above	named entity submits this state	ment for the purpose of changing it	ts registered offi	ice or registe	ered agent, or both,	in the State of Floric	la. I am fa	miliar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registe	red agent and title if applicable.	TE: Registered Agent	gigs of tre ves like			DATE		
	organical printed fluid or register				ou when reinstating)		DAIE		T
		Make Check Payal	iOW!!! FEE I		ant of State				
			ue By May 1,		ant of State				
9.	MANAGING	 MEMBERS/MANAGERS	10.			ADDITIONS/CH	HANGES	•	
TITLE	MGRM	☐ Delete	TITLE			7,00,110,107,07		Change	☐ Addition
NAME	COLLINS, DAVID L		NAME				•		_
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CITY-ST-ZIP	GULF BREEZE FL 32561	WAT, SUITE 205	CITY-ST-ZIP	1					
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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 his report as required by Chapter 608, Florida Statutes.

SIGNATURE: