

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90098 011 \*\*\*150.00

**DOCUMENT # L36205**

1. Entity Name  
**COLLINS SERVICES, INC.**



Principal Place of Business  
% B.L. ADKINS  
3521 FORSYTH RD  
WINTER PARK FL 32792

Mailing Address  
% B.L. ADKINS  
3521 FORSYTH RD  
WINTER PARK FL 32792



2. Principal Place of Business

**3505 Forsyth Rd**

3. Mailing Address

**3505 Forsyth Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**WINTER PARK FL**

City & State

**WINTER PARK FL**

4. FEI Number **59-2991254**

Applied For  
Not Applicable

Zip

**32792**

Country

**ORANGE**

Zip

**32792**

Country

**ORANGE**

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

ADKINS, LARRY  
3521 FORSYTH RD  
WINTER PARK FL 32792

Name **LARRY ADKINS**

Street Address (P.O. Box Number is Not Acceptable)

**3505 Forsyth Rd**

City **WINTER PARK FL** Zip Code **32792**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/14/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADKINS, LARRY</b>	NAME	
STREET ADDRESS	<b>3521 FORSYTH RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, MARGARET</b>	NAME	
STREET ADDRESS	<b>3521 FORSYTH ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPINSBY, ELIZABETH</b>	NAME	
STREET ADDRESS	<b>3521 FORSYTH RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/03**  
Date Daytime Phone #

CR2E034 (10/02)