


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 029 ***150.00

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

DOCUMENT # L42948					
1. Entity Name W. J. COLLINS & ASSOCIATES, INC.					
Principal Place of Business 129 NANDINA CIRCLE PONTE VEDRA BEACH, FL 32082			Mailing Address 129 NANDINA CIRCLE PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2990913	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDS, J. KEITH M. 1606 PRUDENTIAL DR. JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name MOTOLAW, Inc. Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street, Suite 2500 City Jacksonville FL Zip Code 32202	
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. MOTOLAW, Inc. by: Robert W. Shaffer II, President					
SIGNATURE <i>Robert W. Shaffer II, as President</i>				DATE 4/22/03	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLINS, WILLIAM J. 129 NANDINA CIR PONTE VEDRA BCH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLLINS, BRENDA 129 NANDINA CIR PONTE VEDRA BCH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEE, LISA 4812 MARSH HAMMOCK DRIVE E JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4839 Marsh Hammock Drive E.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEE, NICHOLAS DE 4812 MARSH HAMMOCK DRIVE E JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4839 Marsh Hammock Drive E.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William J. Collins</i>				Date 3-12-2003 Daytime Phone # 904-285-6358 (Home)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CR2E034 (10/02)