

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001016

1. Entity Name
COBERT C. COLLINS ENTERPRISES, L.L.C.

FILED

01 APR 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
879 E. RAMBLING DRIVE
WELLINGTON FL 33414-5011

Mailing Address
879 E. RAMBLING DRIVE
WELLINGTON FL 33414-5011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

879 E. Rambling Drive
Suite, Apt. #, etc.

3. Mailing Address

879 E. Rambling Drive
Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414-5011

Country

USA

Zip

33414-5011

Country

USA

4. FEI Number

65-0871293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, COBERT C
8233 GATOR LANE, BAYS 34 AND 36
WEST PALM BEACH FL 33411

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

300004082393--9
-04/26/01--01108--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLLINS, COBERT C
879 EAST RAMBLING DRIVE
WEST PALM BEACH FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLLINS, PENNY A
879 EAST RAMBLING DRIVE
WEST PALM BEACH FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLLINS, MICHAEL L
833 EASTWIND DRIVE
WESTERVILLE OH 43081 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

Covert C. Collins Covert C. Collins

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

4/16/2001

Date

Daytime Phone #

CR2E083 (11/00)