

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90068 010 ****50.00

DOCUMENT # L98000001016

1. Entity Name

COBERT C. COLLINS ENTERPRISES, L.L.C.

Principal Place of Business

**879 E. RAMBLING DRIVE
 WELLINGTON FL 33414-5011**

Mailing Address

**879 E. RAMBLING DRIVE
 WELLINGTON FL 33414-5011**

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

4. FEI Number

65-0871293

Applied For

Not Applicable

Zip

Country

33414-5011

USA

Zip

Country

33414-5011

USA

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

Covert C. Collins

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

879 E. Rambling Drive

City

Wellington

FL

Zip Code

33414-5011

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

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

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

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
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 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

Covert C. Collins

Covert C. Collins 4/24/2002 561-793-3182

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

Date

Daytime Phone #

CR2E083 (9/01)