

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90028 009 *****50.00

3-200

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.



☐ CHECK HERE IF MAKING CHANGES

City & State

Wellington, FL

Zip
33414-5011

Country
USA

City & State

Wellington, FL

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
879 E. RAMBLING DRIVE
WELLINGTON FL 33414**

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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
☐ Delete

TITLE
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STREET ADDRESS
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: x *COBERT C. COLLINS* **REQUIRED** **Covert C. Collins**

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

Date

Daytime Phone #

561-793-3182

CR2E083 (10/02)