

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009206

1. Entity Name

COLLISON CONSULTING, L.L.C.

APPROVED
AND
FILED

00 JUN 12 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

Florida

1401 Kendale St
Lehigh Acres, FL 33936

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1401 Kendale St
Suite, Apt. #, etc.

1401 Kendale St
Suite, Apt. #, etc.

City & State

City & State

Lehigh Acres, FL

Lehigh Acres, FL

4. FEI Number

Applied For

Zip
33936

Country
USA

Zip
33936

Country
USA

65-2968529

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Fred J Anderson TTEE
1401 Kendale St
Lehigh Acres, FL
33936

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

Fred J Anderson TTEE

6-8-00

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME President
STREET ADDRESS Cathy Collison mcmr
CITY-ST-ZIP 13630 Stamford St Omaha, NE 68144

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300003298043--2
-06/20/00-01034-019
*****50.00 *****50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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:

Cathy Collison

5/8/00

402/334-8349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CRF003 (1/199)