

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000000623**

1. Entity Name

**MCCOLLUM'S KOZY PINE, INC.**

Principal Place of Business

**2681 24TH ST.  
SARASOTA FL 34234**

Mailing Address

**2681 24TH ST.  
SARASOTA FL 34234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**POB 1665****SARASOTA, FL****34230****SARASOTA**

4. FEI Number

**N/A**

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOLLUM, NIRA M  
2681 24TH ST.  
SARASOTA FL 34234**

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

**After September 13, 2002,  
min. will be \$236.25.**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCOLLUM, NIRA M</b>	
STREET ADDRESS	<b>2681 24TH ST.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCOLLUM, CLARENCE</b>	
STREET ADDRESS	<b>1324 IRON FORGE RD.</b>	
CITY-ST-ZIP	<b>FORESTVILLE MD 20747</b>	
TITLE	<b>REAV</b>	<input type="checkbox"/> Delete
NAME	<b>ES, JEROME</b>	
STREET ADDRESS	<b>PO BOX 875</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34265</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

CR2E037 (4/02)

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 617, 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:

**NIRA M. McCollum**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**9-3-02**  
Date**941)954-4120**  
Daytime Phone #