## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046343 Secretary of State 1. Entity Name 02-05-2001 90111 050 \*\*\*150.00 LANNY COLLINS INSURANCE, INC. Principal Place of Business Mailing Address 8300 N. WICKHAM RD.,#136 6300 N. WICKHAM RD.,#136 MELBOURNE FL 32940 MELBOURNE FL 32940 28089 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 364 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLINS, HARRY G Street Address (P.O. Box Number is Not Acceptable) 6300 N. WICKHAM RD.,#136 **MELBOURNE FL 32940** 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. (NOTE: Registered Agent signature required when reinstating Signature, typed or printed ristrie of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Addition COLLINS, HARRY G NAME NAME STREET ADDRESS STREET ADDRESS 6300 N. WICKHAM RD.,#136 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addillon NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby Certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered. 6. Collis SIGNATURE:

FILED Mar 01, 2001 8:00 am Secretary of State

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