

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-14-2003 90926 047 ***150.00

4/1

DOCUMENT # P01000121320

1. Entity Name

PEARL JANE COLLINS, P.A.



Principal Place of Business

8330 A1A SOUTH
SAINT AUGUSTINE FL 32080

Mailing Address

8330 A1A SOUTH
SAINT AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0004976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name P. JANE COLLINS

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

8330 A1A South

City ST. AUGUSTINE

FL

Zip Code 32080

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] President

Signature, typed or printed name of registering agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME COLLINS, P. JANE
STREET ADDRESS 8330 A1A SOUTH
CITY-STATE-ZIP SAINT AUGUSTINE FL 32080

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

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CITY-STATE-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change

☐ Addition

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

904 461-8331

Daytime Phone #

CR2E034 (10/02)