2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P16754 **DOCUMENT #**

1. Entity Name

MILLÍCENT COLLINS & CO.



FILED May 01, 2003 8:00 am & Secretary of State 05-01-2003 90371 018 ***150.00

						OD WE IM						
Principal Plac	ce of Business		Mailir	ng Address								
704 KIWI CIR				KIWI CIRCLE								
WINTER PARI	K FL 32789		WINT	ER PARK FL 32789								
US			US	US				<u> </u>			KIN 1111 HIN	
2. Principal F	Place of Busines	s	3. Ma	iling Address	_			6 0 0 1 1 0 0 1 0 1 1 0 1 0 0 0 1 1	I BIOLOMAN DI	iai didik dibila i	HIBAN BUBUL IDDA	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
								LJ CHECK HERE II WAKING GHANGES				
City & State				City & State			4.	4. FEI Number 36-3472214			oplied For	
										N	ot Applicable	
Zip	Zip Country		Zip	Zip C		untry		Certificate of Status Desired		8.75 Ad		
								Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
COLLINS, MILLICENT				Street Address			es (PO B	(P.O. Box Number is Not Acceptable)				
704 KIWI CIRCLE				Sileet Address			33 (1.0.)	ox realiber is real Acceptable,	l			
WINTER F	PARK FL 3278	9										
WHYIELI 174411 E 02/00							<u>.</u>					
						City			FL	Zip Cod	le	
8 The above	named entity s	ubmits this statement	for the nurr	onse of channing its	registere	d office or regi	stered an	ent, or both, in the State of Flo	rida Lamita	miliar with	and accept	
	tions of registers		ioi ilio pair	to ac or charging its	registere	a office of regi	stored ag	jent, or both, in the otate of he	iou. Fullific	ATTIMIÇA: 1010(1)	und decept	
•	•	•									j	
SIGNATURE .									DATE			
	Signature, typed or p	rinted name of registered age	ent and title if app	olicable. (NOTE	E: Hegistered	Agent signature req	quirea when re	einstaling)	DATE			
F	ILE NOW!!!	FEE IS \$150.00		ļ				9. Election Campaign Fina	noina	ec 0		
After	r May 1, 2003	Fee will be \$550.0	0					Trust Fund Contribution	• –		May Be it to Fees	
Make Check	lorida Department	of State				mase rana continuation		Adde	3 10 1 003			
10.		OFFICERS AN	ID DIRECTO	RS	11.		A	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	STP			☐ Delete	TITLE				_,	☐ Change	☐ Addition	
NAME	COLLINS, M	ILLICENT		-	NAME					•	1	
STREET ADDRESS	704 KIWI CIF				STREE	T ADDRESS						
CITY-ST-ZIP	WINTER PAP	RK FL			CITY-	ST-ZIP						
TITLE	D			☐ Delete	TITLE	1				☐ Change	Addition	
NAME	COLLINS, M	LLICENT		44	NAME						_	
STREET ADDRESS	704 KIWI CII				STREE	T ADDRESS					İ	
CITY-ST-ZIP	WINTER PAF	rk fl			CITY-	ST-ZIP						
TITLE	 			☐ Delete	TITLE					Change	Addition	
NAME					NAME							
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP					•	ST-ZIP				•	}	
TITLE		 _		☐ Delete	TITLE					Change	Addition	
NAME				Soldto	NAME							
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP	J					ST-ZIP					ľ	
TITLE				☐ Delete	TITLE					☐ Change	Addition	
NAME				ഥ ଜାଣ୍ଡ	NAME					change	Addition	
STREET ADDRESS						T ADDRESS					i	
CITY-ST-ZIP	ł					ST-ZIP					}	
	 							·		Chanca	Addition	
titlé Name				☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS					NAME	T ADDRESS						
CITY-ST-ZIP	ĺ				1	ST-ZIP					İ	
	<u> </u>											
12. I hereby o	certify that the in	tormation supplied w	ith this filing	does not qualify for	the exen	nption stated in	Section	119.07(3)(i), Florida Statutes. I	turther certi	ty that the is	ntormation	

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:

Date