## 2003 FOR PROFIT CORPORATION

## FILED Jan 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P93000030072 DOCUMENT # 1. Entity Name 01-31-2003 90170 024 \*\*\*150.00 DEAN COLLINS CONSTRUCTION, INC. Mailing Address Principal Place of Busines 8028 22ND AVENUE NORTJ P.O. BOX 67374 ST. PETERSBURG\_FL 33736-7374 ST PETE FL 33716 US 2. Principal Place of Business 3. Mailing Address ANE North Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number 59-3184671 Petersburg Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLLINS, HAROLD D. Street Address (P.O. Box Number is Not Acceptable) 8028 22ND AVENUE NORTH ST. PETERSBURG FL 33710 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Addition TITLE TITLE ☐ Delete COLLINS, HAROLD D NAME NAME STREET ADDRESS 8028 22ND AVENUE\_NORTH STREET ADDRESS St. Petersburg FL ST. PETERSBURG BEACH CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of the corporation or the receiver or trustee changed, or on an attachment with an add

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SIGNATURE:

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