

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90406 030 ***150.00

0598272

DOCUMENT # P96000047553

1. Entity Name

WILLIAM A. COLLISON, JR., P.A.

Principal Place of Business

Mailing Address

~~1839 GULFSTREAM WAY~~
~~WEST PALM BEACH FL 33411-1810~~

~~1839 GULFSTREAM WAY~~
~~WEST PALM BEACH FL 33411-1810~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

THE COLLISONS

4706 MULLEN ROAD
NEW BERN, NC 28560

Suite, Apt. #, etc.

THE COLLISONS

4706 MULLEN ROAD
NEW BERN, NC 28560

Zip

Country

Zip

Country

4. FEI Number

65-0667702

Applied For

Not Applicable

5. 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

~~COLLISON, WILLIAM A. JR.~~
~~1839 GULFSTREAM WAY~~
~~WEST PALM BEACH FL 33411-1810~~

MARC S. DOBIN, ESQ.
DOBIN & JENKS, LLP
140 Intra coastal Point Drive
Suite 307
Jupiter

FL

Zip Code
33417

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PVPS
COLLISON, WILLIAM A. JR.
~~1839 GULFSTREAM WAY~~
~~W. PALM BEACH FL~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
THE COLLISONS
4706 MULLEN ROAD
NEW BERN, NC 28560

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
T
COLLISON, CHRISTINA S.
~~1839 GULFSTREAM WAY~~
~~W. PALM BEACH FL~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
THE COLLISONS
4706 MULLEN ROAD
NEW BERN, NC 28560

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. COLLISON, JR.

3/26/01

Date

252-636-3580

Daytime Phone #

CR2E034 (10/00)