

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90028 010 \*\*\*150.00

**DOCUMENT # P97000038525**

1. Entity Name

**LEE JAY COLLING CONVERSION SERVICES, INC.**

Principal Place of Business

Mailing Address

~~1920 E. ROBINSON ST~~  
~~ORLANDO FL 32803~~

~~1920 E. ROBINSON ST~~  
~~ORLANDO FL 32803~~

903491



2. Principal Place of Business

3. Mailing Address

**682 HAITLAND AVE 682 MATLAND AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**ALTAMONTE SPRINGS, FL ALTAMONTE SPRINGS, FL**

4. FEI Number

**59-3445954**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32701**

**USA**

**32701**

**USA**

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

**COLLING, LEE JAY**  
**1920 E. ROBINSON ST**  
**ORLANDO FL 32803**

Name **LEE JAY COLLING**

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

~~**682 MATLAND AVE**~~

~~**ALTAMONTE SPRINGS, FL 32701**~~

City

**ALTAMONTE SPRINGS**

FL

Zip Code

**32701**

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

*Lee Jay Colling*

(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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	<b>COLLING, LEE JAY</b>	
STREET ADDRESS	<del><b>1920 E. ROBINSON ST</b></del>	
CITY-ST-ZIP	<del><b>ORLANDO FL 32805</b></del>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>COLLING, NADINE S</b>	
STREET ADDRESS	<del><b>1920 E. ROBINSON ST</b></del>	
CITY-ST-ZIP	<del><b>ORLANDO FL 32805</b></del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE JAY COLLING</b>	
STREET ADDRESS	<b>682 MATLAND AVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL, 32701</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>682 MATLAND AVE</b>	
STREET ADDRESS	<b>ALTAMONTE SPRINGS, FL 32701</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Lee Jay Colling*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LEE JAY COLLING**

Date

Daytime Phone #

**1-8-02 407 834-7500**

CR2E034 (9/01)