2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000038525 **DOCUMENT #**

US

Principal Place of Business

ALTAMONTE SPRINGS FL 32701

682 HAITLAND AVE - MATTL

LEE JAY COLLING CONVERSION SERVICES, INC.



Mailing-Address

AVE

OR HOTLAND AVE ALTAMONTE SPRINGS FL 32701

FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90218 045 ***150.00

11015855 1 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 | \$40 |

2. Principal Place of Business AVE 3. Mail/ng oddress MATLAND AVE						'E	I HROLIFOR KIO KOKI LODIK ODIKI BAKIL ODIKI BAKUL KINDI TAKAK BIKA KIDOL OLIK ILAK			
Suite, Apt.		·	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FE	1 Number 59-3445954		pplied For at Applicable		
Zìp		Country Zip Co		Coun	ry	5. Ce	ertificate of Status Desired	\$8.75 Add	fitional	
6. Name and Address of Current Registered Agent						7. Na	me and Address of New Registere	d Agent		
					Name					
COLLING	JEE J	والم بسرمتين عالمه						_ · <u>+ ·</u> · ·	, .	
682 MAITLAND AVE					Street Address (P.O. Box Number is Not Acceptable)					
ALTAMONTE SPRINGS FL 32701										
		•	City FL Zip Code							
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									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									. 1	
	3 Fee will be \$550.00					Trust Fund Contribution.	□ Added	O May Be to Fees		
Make Check Payable to Florida Department of State							reger and contribution.		10,000	
10.	****	OFFICERS AND D	DIRECTORS	11.		ADD	ITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE	DP		☐ Delete	TITLE				☐ Change	Addition	
NAME •	COLLING,	LEE J		NAME	: I				_	
STREET ADDRESS		LAND AVE		STREI	ET ADDRESS					
CITY-ST-ZIP	ALTAMON	ITE SPRINGS FL 32701		CITY-	-ST-ZIP					
TITLE *	s	 :	☐ Delete	TITLE				☐ Change	Addition	
NAME		NADINE S	LI Delete	NAME				Change	Addition	
STREET ADDRESS		LAND AVE			ET ADDRESS					
CITY-ST-ZIP		ITE SPRINGS FL 32701			ST-ZIP				}	
	, ALIXINGIA	THE OFFICE OF THE OFFICE		 -					[] Addison	
TITLE		•	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	. ~	-	****	NAME	T ADDRESS		ليمان المراب	ما پیماند د	1	
CITY-ST-ZIP					ST-ZIP				ì	
	<u> </u>									
TITLE	}		☐ Delete	TITLE	ľ			☐ Change	Addition	
NAME				NAME					ļ	
STREET ADDRESS					T ADDRESS				}	
CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE	ſ			☐ Change	☐ Addition	
NAME				NAME					j	
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE			☐ Delete	TIŤŲĘ				☐ Change	Addition	
NAME				NAME				•		
STREET ADDRESS				STREE	T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					

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:

LEE JAY COLLING