

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039673

1. Entity Name

COLL-SEIN ENTERPRISES, INC.

Principal Place of Business

5042 CROSS POINTE DRIVE
OLDSMAR FL 34677
US

Mailing Address

P.O. BOX 270
OLDSMAR FL 34677-0005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

34677-0270

Country

4. FEI Number 59-3447473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLL, MARTA SEIN
5042 CROSS POINTE DR.
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name

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

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.

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

TITLE ST
NAME COLL, DANIEL JR.
STREET ADDRESS 5042 CROSS POINTE DRIVE
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE P
NAME COLL, MARTA S
STREET ADDRESS 5042 CROSS POINTE DRIVE
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE VP
NAME COLL-SEIN, MARTA I
STREET ADDRESS 5042 CROSS POINTE DRIVE
CITY-ST-ZIP OLDSMAR FL 34611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
OLDSMAR, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Marta Sein Coll, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTA SEIN COLL

3/02/01
Date

(727) 772-8555
Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90476 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)