

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90265 049 ***150.00

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 34677-0270



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3447473		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COLL, MARTA SEIN 5042 CROSS POINTE DR. OLDSMAR FL 34677				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, 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
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	ST	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	COLL, DANIEL JR.			NAME			
STREET ADDRESS	5042 CROSS POINTE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL 34677			CITY-ST-ZIP			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	COLL, MARTA S			NAME			
STREET ADDRESS	5042 CROSS POINTE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL 34677			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	COLL-SEIN, MARTA I			NAME			
STREET ADDRESS	5042 CROSS POINTE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL 34677			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Marta Sein Coll **FILED** 2/26/02 (727) 772-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)