

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90631 040 ***150.00

DOCUMENT # P98000058078

1. Entity Name

BONNIE COLLINS, INC.

Principal Place of Business Mailing Address

9 AUTUMN WOOD TRAIL
 ORMOND BEACH FL 32174-4335

C0069261

2. Principal Place of Business 3. Mailing Address
 9 Autumn Wood Trail 9 Autumn Wood Trail

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
 Ormond Beach, FL Ormond Beach, FL 59-3521393 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
 32174 USA 32174 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Bonnie Collins
 9 Autumn Wood Trail
 Ormond Beach, FL 32174-4335

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 P/S/T
 NAME Bonnie Collins
 STREET ADDRESS 9 Autumn Wood Trail
 CITY - ST - ZIP Ormond Beach, FL 32174-4335

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 STREET ADDRESS
 CITY - ST - ZIP

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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: *Bonnie Collins* Bonnie Collins

03/14/00 386 615-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #