

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106344

1. Entity Name

R. & A. COLLINS, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90152 010 \*\*\*150.00

Principal Place of Business

Mailing Address

4134 GULF OF MEXICO DR  
 SUITE 302  
 LONGBOAT KEY FL 34228

4134 GULF OF MEXICO DR  
 SUITE 302  
 LONGBOAT KEY FL 34228-2614

2. Principal Place of Business

6233 WESTGATE DR.

3. Mailing Address

6233 WESTGATE DR.

Suite, Apt. #, etc.

# 607

Suite, Apt. #, etc.

# 607

City & State

ORLANDO FL.

City & State

ORLANDO FL

4. FEI Number

65-0886845

Applied For

Not Applicable

Zip

32835

Country

U.S.A.

Zip

32835

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, ROBERT  
 4134 GULF OF MEXICO DR  
 SUITE 302  
 LONGBOAT KEY FL 34228

Name

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

6233 WESTGATE DRIVE

# 607

City

ORLANDO

FL

Zip Code

32835

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

*R. Collins*

ROBERT COLLINS

03/22/00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	COLLINS, ROBERT	6911 MUSTANG PLACE	ORLANDO FL 32822	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		6233 WESTGATE DRIVE #607	ORLANDO FL. 32835	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*ROBERT COLLINS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/00

(407) 2969612

Date

Daytime Phone #

CR2E034 19/99