

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032808

1. Entity Name

COLLINS QUALITY PAINTING, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90031 006 ***150.00

Principal Place of Business

Mailing Address

~~112 NEBRASKA STREET~~
FTL WALTON BEACH FL 3254-8

POST OFFICE BOX 2751
FT. WALTON BEACH FL 21549
1

725 Powell Dr.

2. Principal Place of Business

3. Mailing Address

~~112 NEBRASKA STREET~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. Walton Beach

City & State

City & State

FL

Zip
32547

Country
USA

Zip

Country

4. FEI Number

59-3572261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

John Collins

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

725 Powell Dr.

FT. Walton Bch

City

FL

Zip Code

32547

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, 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
PD
COLLINS, JOHN
112 NEBRASKA STREET
FTL WALTON BEACH GF L3254-8 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
COLLINS, HEATHER
112 NEBRASKA STREET
FTL WALTON BEACH GF L3254-8 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Collins 4/24/00
Date Daytime Phone #

CR2E034 (9/99)