

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032808

1. Entity Name

COLLINS QUALITY PAINTING, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90060 039 ***150.00

Principal Place of Business

725 POWELL DR
FORT WALTON BEACH FL 32547

Mailing Address

POST OFFICE BOX 2751
FT. WALTON BEACH FL 32549-2751
1

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

SPIEGEL & UTRERA, P.A.
725 POWELL DR
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

HEATHER COLLINS

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

725 POWELL DR.

City

FT. WALTON BEACH

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:

Heather Collins

HEATHER COLLINS

4/24/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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 NAME STREET ADDRESS CITY-STATE-ZIP	PD COLLINS, JOHN 112 NEBRASKA STREET FTL WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSTD COLLINS, HEATHER 112 NEBRASKA STREET FTL WALTON BEACH FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Heather Collins

HEATHER COLLINS

4/24/01

850-302-0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0467980