

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 724120

FILED  
Jan 08, 2002  
Secretary of State

Entity Name: TECH OF COLLIER COUNTY, INC.

**Current Principal Place of Business:**

3984 ARNOLD AVENUE  
NAPLES, FL 34101 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LESLIE W. LEECH, JR  
9040 SUNSET DR  
MIAMI, FL 33173 US

**New Mailing Address:**

FEI Number: 59-1564538      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEECH, LESLIE W JR.  
9040 SUNSET DR., STE. 70A  
MIAMI, FL US

**Name and Address of New Registered Agent:**

LEECH, LESLIE W JR.  
9040 SUNSET DR., SUITE A  
MIAMI, FL 33173 US

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: \_\_\_\_\_

01/08/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TUCKER, GERALDINE  
Address: 8100 SW 133 COURT  
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete  
Name: SPELIOS, GEORGE L  
Address: 16920 SW 192 ST  
City-St-Zip: MIAMI, FL 33187

Title: D ( ) Delete  
Name: WEINGER, STEVEN M  
Address: 2650 SW 27 AVE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: BRINGARDNER, THOMAS, A  
Address: 2220 IMPRL GOLF CRSE BLV  
City-St-Zip: NAPLES, FL

Title: P ( ) Delete  
Name: LEECH, LESLIE W JR  
Address: 9040 SUNSET DR  
City-St-Zip: MIAMI, FL 33173

Title: ST ( ) Delete  
Name: WEEKS, JAMES G  
Address: 9040 SUNSET DR  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BRINGARDNER, THOMAS A  
Address: 2220 IMPRL GOLF CRSE BLV  
City-St-Zip: NAPLES, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE W. LEECH, JR.

PRES

01/08/2002

Electronic Signature of Signing Officer or Director

Date