

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002170

1. Entity Name

COLLIER COUNTY ADVANCED LIFE SUPPORT COMPETITION TEAM INC.

Principal Place of Business

Mailing Address

5784 DEAVILLE CIR
B-108
NAPLES, FL 34112
US

5784 DEAVILLE CIR
B-108
NAPLES FL 34112-283
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0413298

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

WATSON, ERIC
5784 DEAVILLE CIR
B-108
NAPLES FL 34112-7283

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☐ Delete
NAME MULLER, MARK
STREET ADDRESS 411 SUMMER ST.
CITY-ST-ZIP BUFFALO NY 14213

TITLE DV ☒ Change ☐ Addition
NAME MARK MULLER
STREET ADDRESS 5000 CULBREATH KEY WAY #8107
CITY-ST-ZIP TAMPA, FLORIDA 33611

TITLE D ☐ Delete
NAME RENNE, SANDRA
STREET ADDRESS 580 97TH AVE N
CITY-ST-ZIP NAPLES FL

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

TITLE D ☐ Delete
NAME FERON, PATRICK
STREET ADDRESS 411 SUMMER ST.
CITY-ST-ZIP BUFFALO NY 14213

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

TITLE D ☐ Delete
NAME TODD COULTER
STREET ADDRESS 3310 TIMBERWOOD CIR
CITY-ST-ZIP NAPLES FL

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

TITLE DP ☐ Delete
NAME WATSON, ERIC
STREET ADDRESS 5784 DEAVILLE CIRCLE B-108
CITY-ST-ZIP NAPLES FL 34112

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90079 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)