## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address

SIGNATURE:

## Mar 12, 2004 8:00 am Secretary of State **DOCUMENT #384420** 1. Entity Name 03-12-2004 90035 048 \*\*\*150.00 COLLIER COUNTY SERVICE CENTER, INC. Principal Place of Business Mailing Address 305-COUNTY RD-951-N 305 COUNTY RD 951 N NAPLES, FL 34119 NAPLES FL 34119 US 2. Principal Place of Business 3. Mailing Address 478 CR 478 <u>5752</u> 575 L Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For webster Webster 59-1457060 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA 3597 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UREWITCH RICHARD YUREWITCH, RICHARD R Street Address (P.O. Box Number is Not Acceptable) 1571 COUNTY ROAD 951, N NAPLES, FL 34119 5752 $\equiv$ . CR 478 Zip Code 3359 WEBSTER 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Flegistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE PD Change TITLE ☐ Defete YUREWITCH, RICHARD R. NAME AICHAND YUREWITCH STREET ADDRESS 305 ILSE OF CAPRI RD STREET ADDRESS CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition YUREWITCH, JOHN P. NAME NAME 250725 ELWOOD DR. STREET ADDRESS STREET ADDRESS CITÝ-ST-ZIP BONITA SPRINGS, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

Daytime Phone #