1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 414260

1. Corporation Name

COLLIER AUTO SALES, INC.

Principa	l Place of	Business
3920 W	COLONIAL	DRIVE

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90269 038 \*\*\*150.00



Signature, typed or printed harte or registered agent and their approache.	\$8.75   \$8.75   \$5.00   Added year Intangible   Yes   Yes     Stered Agent   Zip     Dose of changing it	pplied For ot Applicable Additional equired May Be to Fees  No  Code
DO NOT WRITE IN  3. Date Incorporated or Qualifed 12/07/1972  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25	\$8.75   \$8.75   \$5.00   Added year Intangible   Yes   Yes     Stered Agent   Zip     Dose of changing it	ot Applicable Additional lequired  May Be to Fees  No  Code
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 12/07/1972 4. FEI Number 59-1733574 5. Certificate of Status Desired 512 6. Election Campaign Financing 7-17151 Trust Fund Contribution 52-17151 Trust Fund Contrib	\$8.75   \$8.75   \$5.00   Added year Intangible   Yes   Yes     Stered Agent   Zip     Dose of changing it	ot Applicable Additional lequired  May Be to Fees  No  Code
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-1733574  Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State City & State Signature, Name and Address of Current Registered Agent  HOLMES, JOHN V A 811 MAGNOLIA AVE ORLANDO FL 32803  12. Mailing Address City & State & G. Election Campaign Financing Trust Fund Contribution Country Personal Property Tax.  Street Address (P.O. Box Number is Not Acceptable)  10. Name and Address of New Regis Again City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purp office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, Noved or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)	\$8.75 Fee R \$5.00 Added year Intangible Yes stered Agent	ot Applicable Additional lequired  May Be to Fees  No  Code
2a. Mailing Address 25. Certificate of Business 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. City & State 29. City & State 29. Country 29. Name and Address of Current Registered Agent  HOLMES, JOHN V A 811 MAGNOLIA AVE ORLANDO FL 32803  10. Name and Address of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  28. City & State 29. Suite, Apt. #, etc. 50. Certificate of Status Desired 50. Certificate of Status Desired 51. Certificate of Status Desired 52. Certificate of Status Desired 53. Certificate of Status Desired 54. Fill Number 65. Certificate of Status Desired 65. Election Campaign Financing 75. Trust Fund Contribution 75. This corporation owes the current y 75. Personal Property Tax. 75. Name and Address of New Registered Agent 76. Election Campaign Financing 76. This corporation owes the current y 76. Personal Property Tax. 76. Name and Address of New Registered Agent Statutes of New Registered Agent Address (P.O. Box Number is Not Acceptable) 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. Add City 84. City 85. Certificate of Status Desired Status Desired Statutes of New Registered Agent Address of New Registered Agent Addre	\$8.75 Fee R \$5.00 Added year Intangible Yes stered Agent	ot Applicable Additional lequired  May Be to Fees  No  Code
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Country  Suite, Apt. #, etc.  Suite, Apt. #, e	\$8.75 Fee R \$5.00 Added year Intangible Yes stered Agent	ot Applicable Additional lequired  May Be to Fees  No  Code
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	\$8.75 Fee R \$5.00 Added year Intangible Yes stered Agent	Additional lequired  May Be to Fees  No  Code
City & State  Country  Experiment Fund Contribution  Experiment Fund Country  Experiment Fund Contribution  Experiment Fund Contribution  Experiment Fund Contribution  Experiment Fund Country  Experiment	\$5.00 Added year Intangible Yes stered Agent  FL 85 Zip	May Be to Fees  No  Code s registered
City & State  City & State  28  City & State  28  City & State  28  City & State  City & State  28  Country  Zip  Country  Zip  Country  30  Personal Property Tax.  9. Name and Address of Current Registered Agent  HOLMES, JOHN V A  811 MAGNOLIA AVE  ORLANDO. FL 32803  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purp office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)	S5.00 Added year Intangible Yes stered Agent  FL 85 Zip	May Be to Fees  No  Code s registered
Zip Country Zip Country 8. This corporation owes the current y Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name  HOLMES, JOHN V A 811 MAGNOLIA AVE ORLANDO. FL 32803  82 Street Address (P.O. Box Number is Not Acceptable)  83 Registered Agent 10. Name and Address of New Registered Agent Name  10. Name and Address of New Registered Agent Name  84 City  15. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purp office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)	Added year Intangible Yes stered Agent  FL 85 Zip	to Fees  No  Code s registered
Zip Country Zip Country Personal Property Tax.  9. Name and Address of Current Registered Agent  HOLMES, JOHN V A 811 MAGNOLIA AVE ORLANDO. FL 32803  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purp office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)	year Intangible  Yes stered Agent  FL 85 Zip	□No  Code s registered
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	DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE D DELETE 1.1 TITLE	☐ Change	
NAME SPROUSE, SUSAN C 12 NAME		
COCC W COLONIAL DD		ļ
ODLANDO EL 00000		\
TITLE V DELETE 2.1 TITLE	☐ Change	☐ Addition
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TITLE ST DELETE 31 TITLE PLES : DENT	Change	[ ] Addition
	75	
NAME COLLIER, MICHAEL 32 NAME		
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NAME COLLIER, DAVID F		ነ
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NAME BISHOP, LYNN 52 NAME		]
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TITLE D DELETE 61 TITLE SACY - TREAS.	Change	Addition
COLLIED DAVID S	•	ļ
TOOLER, DAVID 3.		
NAME CULLIER, DAVID S.  STREET ADDRESS 3920 W COLONIAL DR  6.3 STREET ADDRESS		

14. 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 annual report or supplemental annual 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407.291.1212