

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0100327 AV

DOCUMENT # 414260

1. Entity Name
COLLIER AUTO SALES, INC.

04-02-2002 90974 046 ***150.00

Principal Place of Business
3920 W. COLONIAL DRIVE
ORLANDO FL 32808

Mailing Address
3920 W. COLONIAL DRIVE
ORLANDO FL 32808



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1733574**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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

HOLMES, JOHN V A
811 MAGNOLIA AVE
ORLANDO FL 32803

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

9. This corporation is eligible to satisfy its intangible

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so.
 (See criteria on back) ☐

After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SPROUSE, SUSAN C**
 STREET ADDRESS **3920 W COLONIAL DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME **Collier, Michael A**
 STREET ADDRESS **3920 West Colonial Drive**
 CITY-ST-ZIP **Orlando, FL 32808**

TITLE **V** ☐ Delete
 NAME **COLLIER, MARY S.**
 STREET ADDRESS **3920 W COLONIAL DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME **Sr. VP**
 STREET ADDRESS **Collier, Mary S**
 CITY-ST-ZIP **3920 West Colonial Drive**
Orlando, FL 32808

TITLE **D** ☐ Delete
 NAME **BISHOP, LYNN**
 STREET ADDRESS **3920 W COLONIAL DR**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **ST** ☐ Delete
 NAME **COLLIER, DAVID S.**
 STREET ADDRESS **3920 W COLONIAL DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME **ST**
 STREET ADDRESS **Sprouse, Susan C**
 CITY-ST-ZIP **3920 West Colonial Drive**
Orlando, FL 32808

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **VP**
 STREET ADDRESS **Collier, David S**
 CITY-ST-ZIP **3920 West Colonial Drive**
Orlando, FL 32808

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

MARY S. Collier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02.12.02 297.1212

CR2E034 (9/01)