2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

FILED **DOCUMENT # 542549** Jan 18, 2000 8:00 am **Secretary of State** COLLIER INTERIORS, INCORPORATED 01-18-2000 90151 038 ***150.00 Principal Place of Business Mailing Address 2050 CAPITAL CIRCLE NE 2050 CAPITAL CIRCLE NE P.O.BOX 12007 P.O.BOX 12007 TALLAHASSEE FL 32308 TALLAHASSEE FL 32317-2007 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1749078 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLLIER, KENNETH J. Street Address (P.O. Box Number is Not Acceptable) 2050 CAPITAL CIR NE **TALLAHASSEE FL 32308** City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PT TITI F ☐ Change ☐ Addition TITLE Delete COLLIER, KENNETH J. NAME NAME STREET ADDRESS STREET ADDRESS 411 WILSON AVENUE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE - □ Delete TIT! F ☐ Change ☐ Addition NAME NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 regeiver 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

Daytime Phone ≱

with all other like empowered.