## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

F01000000667

1. Entity Name

COLLIER ELECTRICAL SERVICE, INC.



**FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90152 009 \*\*\*150.00

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Principal Place of Business 5129 GILBERTSVILLE HIGHWAY CALVERT CITY KY 42029 US		Mailing Address 5129 GILBERTSVILLE HIGHWAY CALVERT CITY KY 42029 US		1   \$5  \$5   []   \$9  \$1      \$2   \$5    \$		
2. Principa	Place of Business	3. Mailing Address	1190			
Suite, Ap	ot. #, etc.	P. O. B c × Suite, Apt. #, etc.	499			
City & St	ota	, , , , , , , , , , , , , , , , , , , ,		☐ CHECK HERE IF MAKI	NG CHANGES	
Zip			City Ki	4. FEI Number 61-0723701		plied For
	Country	<sup>Zip</sup> 42029	Country 5A	5. Certificate of Status Desired	\$8.75 Addi	t Applicable itional
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registere	d Agent	·
C T COF	RPORATION SYSTEM		Name			
1200 SO	UTH PINE ISLAND ROAD TON FL 33324		Street Addr	ess (P.O. Box Number is Not Acceptable)		_
	1014 1 £ 36324					
	<del></del>		City	F	Zip Code	
<b>8.</b> The above the obliga	e named entity submits this statement for t	he purpose of changing its	s registered office or reg	istered agent, or both, in the State of Florida. I ar	n familiar with la	nd accont
SIGNATURE				, , ,	Translat Willi, al	nd accept
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOT	T. Paritura de			
	ILE NOW!!! FEE IS \$150.00	(10)	E: Registered Agent signature red	quired when reinstating) DATE		
, Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	tate		9. Election Campaign Financing Trust Fund Contribution.	\$5.00	May Be
10.	OFFICERS AND DI	ľ	11,			
TITLE	PD	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AN		
NAME STREET ADDRESS	COLLIER, MYRON 5129 GILBERTSVILLE HIGHWAY		NAME		☐ Change	☐ Addition
CITY-ST-ZIP	CALVERT CITY KY 42079		STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			
NAME STREET ADDRESS		_ 50,00	NAME		Change [	☐ Addition
CITY-ST-ZIP			STREET ADDRESS			
TITLE			CITY-ST-ZIP			
NAME		Delete	TITLE ~ ~ ~ ~ ~		☐ Change ☐	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
TITLE			CITY-ST-ZIP			
NAME		☐ Delete	TITLE NAME		☐ Change ☐	Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			Í
TITLE Name		☐ Delete	TITLE		☐ Change ☐	Addition
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME	-	☐ Delete	TITLE		□ Choose □	Laure.
STREET ADDRESS			NAME		Change	Addition
CITY-ST-ZIP			STREET ADDRESS			
12. I hereby ce	rtify that the information supplied with this	filing does not available or	CITY-ST-ZIP			

12 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 changed, or on an attachment with any address, with all other like empowered.

SIGNATURE: