

2001 UNIFORM BUSINESS REPORT-(UBR)

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90492 014 ***150.00

DOCUMENT # H05853

1. Entity Name

COLLIER FINANCIAL SYSTEMS, INC.

Principal Place of Business

3243 BOCA CIEGA DR.
NAPLES FL 34112-6107
US

Mailing Address

3243 BOCA CIEGA DR.
NAPLES FL 34112-6107
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2418594

Applied For

Not Applicable

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

BANTZ, THOMAS M.
3243 BOCA CIEGA DR.
NAPLES FL 34112

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PD ☐ Delete
NAME BANTZ, THOMAS M.
STREET ADDRESS 3423 BOCA CIEGA DRIVE
CITY-ST-ZIP NAPLES FL 34112-6107

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

TITLE STD ☐ Delete
NAME BANTZ, DOLORES J.
STREET ADDRESS 3423 BOCA CIEGA DRIVE
CITY-ST-ZIP NAPLES FL 34112-6107

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 34112-6107

TITLE V ☐ Delete
NAME JOHNSON, JANE C
STREET ADDRESS 6241 WILDROSE LANE
CITY-ST-ZIP LAKEPORT MI 48059

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3006 SANDY OAK LN
CITY-ST-ZIP FT. GRATON, MI 48059

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Thomas M. Bantz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M. BANTZ

3/15/01

Date

941/775-2706

Daytime Phone #

CR2E034 (10/00)