

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90359 027 ***150.00

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DOCUMENT # H26916

1. Entity Name
COLLIER-FLETCHER, INC.



Principal Place of Business
401 E. JACKSON STREET
SUITE 2310
TAMPA FL 33602
US

Mailing Address
STE 400
3003 TAMiami TRAIL NORTH
NAPLES FL 34103
US

11037373



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 **59-2467930**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORA, TERRY L
3003 N TAMiami TRAIL
NAPLES FL 33940

Name **CORINA, ROBERT D**
Street Address (P.O. Box Number is Not Acceptable)
3003 TAMiami TRAIL NORTH, STE 400
City **NAPLES** **FL** **Zip Code** **34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert D. Corina** **2/25/03**
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLOOD, THOMAS J	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BIRR, JEFFREY M	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	FLORA, TERRY L	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OCONNOR, JOHN D	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	CORINA, ROBERT D	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORINA, ROBERT D.	
STREET ADDRESS	3003 TAMiami TRAIL NORTH, STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	CONRECODE, THOMAS E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3003 TAMiami TRAIL N, STE 400	
STREET ADDRESS	NAPLES FL 34103	
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert D. Corina**

2/25/03

239-261-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)