

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90172 015 ***150.00

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DOCUMENT # K02633

1. Entity Name
COLLIER COUNTY APPLIANCE SERVICE, INC.

Principal Place of Business
2308 DAVIS BLVD
1840 HARBOR PL
NAPLES FL 34104
US

Mailing Address
2308 DAVIS BLVD
1840 HARBOR PL
NAPLES FL 34104
US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0019335**
 Applied For
 Not Applicable

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

JACKSON, JOHN T.
1840 HARBOR PL
NAPLES FL 33942

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	JACKSON, JOHN T.	
STREET ADDRESS	1840 HARBOR PL	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, STEPHEN P	
STREET ADDRESS	2200 EAST AVENUE 3717 Kent Drive	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John T. Jackson*

8/8/02

(941) 774-2115

CR2E034 (4/02)

Attachment

60760736

#K02633

Sir / Madman

PER MY PHONE CONVERSATION WITH
DIVISION OF CORPORATIONS. PLEASE ACCEPT
PAYMENT IN FULL OF \$ 150.00 FOR OUR
2002 UNIFORM BUSINESS REPORT. PER OUR
CONVERSATION THIS IS THE FIRST NOTICE
I RECEIVED. IF ANY PROBLEMS WITH THIS
PAYMENT OR PROCESS PLEASE GIVE ME A
CALL (941) 774-2115 M-F 7³⁰AM → 4³⁰PM.

Sincerely

Steve Jackson

Steve Jackson.