

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L35989

1. Entity Name

COLLIER ELECTRIC COMPANY OF FT. MYERS, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90062 019 ***150.00

Principal Place of Business

Mailing Address

% CATALANO, FISHER & GREGORY, CHARTERED
4001 TAMiami TR N STE 404
NAPLES FL 33940

% CATALANO, FISHER & GREGORY, CHARTERED
4001 TAMiami TR N STE 404
NAPLES FL 34103-3555

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

65-0162578

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

CATALANO, FISHER & GREGORY, CHARTERED
4001 TAMiami TR N STE 404
NAPLES FL 33940

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, 2000 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	DV	<input type="checkbox"/> Delete
NAME	UTTER, ROBERT C.	
STREET ADDRESS	11505 CHARLIE'S TERRACE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	YOUNG, WM., H.	
STREET ADDRESS	11505 CHARLIE'S TERRACE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BERGER, JOHN	
STREET ADDRESS	11505 CHARLIE'S TERR	
CITY-ST-ZIP	FT MYERS FL	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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 another like empowered.

SIGNATURE:

John Berger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

Date

941-275-7888

Daytime Phone #

CR2E034 (9/99)