

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90023 026 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L35989**

1. Entity Name

COLLIER ELECTRIC COMPANY OF FT. MYERS, INC.

Principal Place of Business

11505 CHARLIE'S TERRACE  
FT MYERS FL

Mailing Address

11505 CHARLIE'S TERRACE  
FT MYERS FL

2. Principal Place of Business

6200 Metro Plantation Road  
Suite, Apt. #, etc.

3. Mailing Address

6200 Metro Plantation Road  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Fort Myers Florida

City &amp; State

Fort Myers Florida

4. FEI Number

65-0162578

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

CATALANO, FISHER & GREGORY, CHARTERED  
4001 TAMiami TR N STE 404  
NAPLES FL 33940Name BOND, SCHONECK, KING  
Street Address (P.O. Box Number is Not Acceptable)4001 Tamiami Trail N Ste 404  
City Naples FL Zip Code 33940-8702

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

Bond, Schoeneck + King by: David S. Dawson

4/30/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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, 2002 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

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		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 (239) 275-7888

Date

Daytime Phone #

CR2E034 (9/01)