135989

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	⇒ #f)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700010185747

01/21/03--01105--018 **35.00



0.1

TRANSMITTAL LETTER

SUBJECT: COLLIER ELECTRIC COMPANY OF FORT MYERS, INC. (Name of corporation) DOCUMENT NUMBER:_ The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BARBARA M. PIZZOLATO (Name of person) BARBARA M. PIZZOLATO, P.A. (Name of firm/company) 11920 FAIRWAY LAKES DRIVE, BUILDING ONE, SUITE 2 (Address) FORT MYERS, FL 33913 (City/state and zip code) For further information concerning this matter, please call: AMY E. NELSON (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sections 607.0502, 61	17.0502, 607.1508, or 617.1508, 1	Florida Statutes,
this statement of FLORIDA	f change is submitted for a corporation in order to change its register	on organized under the laws of the red office or registered agent, or l	•
of Florida.			
1. The name of	the corporation: COLLIER ELECTRIC	COMPANY OF FORT MYERS, INC	C
2. The principal	office address: 6200 METRO PLANT	TATION ROAD, FORT MYERS, FLO	RIDA 33912
3. The mailing	address (if different):		D3 JAH
4. Date of incor	poration/qualification:DECEMBEF	R 11, 198 Document number: L3	
	d street address of the current register rtment of State: BOND SCHOENECX & KING	ed agent and registered office on fi	ile with the 2: 59
			- D
	4001 TAMLAMI TRAIL N , SUITE 4	<u>04</u>	 ·
	NAPLES, FL 33940		_
6. The name as changed):	nd street address of the new register BARBARA M. PIZZOLATO, P.A.	ed agent (if changed) and /or reg	istered office (if
	11920 FAIRWAY LAKES DRIVE, BUIL	DING ONE, SUITE 2	- ·-
	(P.O. Box or personal mail	lbox NOT acceptable)	_
	FORT MYERS, FLORIDA 33913		_
agent, as chang	ess of its registered office and the streed will be identical.		
Such change wauthorized by t	as authorized by resolution duly adopted boards or the corporation has been		and the second s
	r, chairman or vice chairman of the board)	John Perger Pec	ident
I hereby accept I further agree performance of registered ager office address,	t the appointment as registered agent to comply with the provisions of all t my duties, and I am familiar with a nt. Or, if his document is being filed I hereby confirm that the corporation	t and agree to act in this capacity statutes relative to the proper and accept the obligation of my post merely to reflect a change in the n has been notified in writing of the	complete sition as registered his change.
	Signatur APRegistered Agent)	(Date)	
If signing on beha		Dist	
Barbara	Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *