April 27, '00 941-514-4989

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNI	FORM BUSI	NES	S REPO	RT	(UBI	R)		APPROVED			
DOCUMENT # L9900005800								FILED				
COLLIER TITLE, L.L.C.								00 APR 28 AM II: 02				
÷ .					····				SECRETARY OF ST	TATE		
Principal Place of Business Mailing Address 11983 TAMIAMI TRAIL NORTH SUITE 161. OFFICE CENTER OF NORTH NAPLES NAPLES FL 34110 NAPLES FL 34110-1603						iorth Iter of North Naples			TALLAHASSEE, FL			
2. Principal Place of Business 11983 Tamiami Trail N. 11983 Tamia Suite, Apt. #, etc. 3. Mailing Address 11983 Tamia Suite, Apt. #, etc.						mi Trail N.			DO NOT WRITE IN THIS SPACE			
City & State				Suite 125 City & State				4. FEI Number Applied For				
Naples Zip	- 1	Country	Nap:	Naples, FL Zip Count			59-3598266			\$5.00 Add	t Applicable	
341	110		34	34110		<u></u>			Fee Required			
6. Name and Address of Current Registered Agent						Name Pamela Stewart, P.A.						
STEWART, PAMELA 1905 SOUTH 25TH STREET, SUITE 206 FT. PIERCE FL 34947						Street Address (P.O. Box Number is Not Acceptable) 11983 Tamiami Trail North Strike 125 Suite 125						
						City Naples FL Zip Code 34110					o l	
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 Pamela Stewart, P.A. By: Pamela Stewart, Its: President April 26 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
				FILE NO Make Check Pa	yable to	-		State	80000324 -05/12/00 ******58.0	01025()0 *****5	008	
9. TITLE	MGRM	MANAGING MEMBE	RS/MEM	BERS Detete	10.		MGRI	<u></u>	ADDITIONS/CHAN	GES Change	Addition	
NAME STREET AODRESS CITY-ST-ZIP	PAMELA STEWART, P.A. 1905 SOUTH 25TH STREET, SUITE 206 FORT PIERCE FL 34947					ET ADDRESS ST-ZIP	Pame 1198	ela Stewart, P.A 83 Tamiami Trail N.; Suite 12 1es, FL 34110				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					E ET ADDRESS ST-ZIP				Changa	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Delete					E Et address St-zip				Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-8T-ZIQ				☐ Ocieta						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Octob						☐ Change	Addition	
indicatéd limited lia	on this repor bility compar	e information supplied with this true and accurate and my or the receiver or trustee Stewart, P.A	that my šig empower	gnature shall have to execute this	the same	legal elle required	ct as if m	ade under <u>er 6</u> 08, Flo	07(3)(i), Florida Statutes. I further oath; that I am a managing menda Statutes.	r certify that the in ember or manager	formation r of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER