

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90057 002 ***150.00

DOCUMENT # M06384

1. Entity Name
COLLIER FINANCIAL SERVICES, INC.

Principal Place of Business

*** BRUCE S. SHERMAN**
3003 TAMIAMI TRAIL NORTH
NAPLES FL 34103

Mailing Address

*** BRUCE S. SHERMAN**
3003 TAMIAMI TRAIL NORTH
NAPLES FL 34103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2460738

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHERMAN, BRUCE S.
3003 TAMIAMI TRAIL NORTH
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Terry L. Flora

Street Address (P.O. Box Number is Not Acceptable)

3003 Tamiami Trail North

City

Naples

FL

Zip Code

34103

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

Terry L. Flora, VP

4/18/02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Delete
NAME	COLLIER, MILES C	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☒ Delete
NAME	COLLIER READ, ISABEL	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	☒ Delete
NAME	SHERMAN, BRUCE S.	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	☒ Delete
NAME	POWERS, GREGG J.	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	☒ Delete
NAME	JOYCE, DAVID G	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☒ Delete
NAME	COLLIER II, BARRON G.	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	

TITLE	PD	☐ Change ☒ Addition
NAME	Flood, Thomas J.	
STREET ADDRESS	3003 Tamiami Trail N.	
CITY-ST-ZIP	Naples FL 34103	
TITLE	VP	☐ Change ☒ Addition
NAME	Birt, Jeffrey H.	
STREET ADDRESS	3003 Tamiami Trail N.	
CITY-ST-ZIP	Naples FL 34103	
TITLE	VIS D	☐ Change ☒ Addition
NAME	Flora, Terry L.	
STREET ADDRESS	3003 Tamiami Trail N.	
CITY-ST-ZIP	Naples FL 34103	
TITLE	UT	☐ Change ☒ Addition
NAME	Cotina, Robert D.	
STREET ADDRESS	3003 Tamiami Trail N.	
CITY-ST-ZIP	Naples FL 34103	
TITLE	V	☐ Change ☒ Addition
NAME	O'Connor, John D.	
STREET ADDRESS	3003 Tamiami Trail N.	
CITY-ST-ZIP	Naples FL 34103	
TITLE	V	☐ Change ☒ Addition
NAME	Perkovich, Joseph I.	
STREET ADDRESS	3003 Tamiami Trail N.	
CITY-ST-ZIP	Naples FL 34103	

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 REQUIRED **Terry L. Flora**

4/18/02

239-261-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)