

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90233 044 \*\*\*\*61.25

0053199

**DOCUMENT # N33453**

1. Entity Name

**COLLIER/NAPLESCAPE 90'S, INC.**



Principal Place of Business

**C/O SUSAN WATTS  
3451 BONITA BAY BLVD #202  
BONITA SPRINGS FL 34134  
US**

Mailing Address

**C/O THOMAS E BOERIO  
4099 TAMiami TR N #400  
NAPLES FL 34103  
US**

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 **65-0131631**

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

**BOERIO, THOMAS E  
4099 TAMiami TRAIL N #400  
NAPLES FL 34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>WATTS, SUSAN</b>	
STREET ADDRESS	<b>3451 BONITA BAY BLVD #202</b>	
CITY-ST-ZIP	<b>BONITA SPGS FL 34134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRUET, MICHAEL</b>	
STREET ADDRESS	<b>3003 N TAMiami TR #400</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BOERIO, THOMAS E</b>	
STREET ADDRESS	<b>4099 TAMiami TRAIL N #400</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
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
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*THOMAS E BOERIO*  
THOMAS E BOERIO

4/30/03

239-262-1040

CR2E037 (10/02)