

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90055 045 \*\*\*158.75

**DOCUMENT # P00000052264**

1. Entity Name

**COLLIER BUSINESS SYSTEMS INC.**

Principal Place of Business

**C/O PETRA ROLLER, COAST TO COAST INV.GRP  
 5051 CASTELLO DR, SUITE 17  
 NAPLES FL 34103**

Mailing Address

**C/O PETRA ROLLER, COAST TO COAST INV.GRP  
 5051 CASTELLO DR, SUITE 17  
 NAPLES FL 34103**

**00026256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2280 LINWOOD AVENUE**

3. Mailing Address

**8048 TIGER LILY DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

4. FEI Number

**59-3648199**

Applied For

Not Applicable

Zip  
**34112**

Country

Zip  
**34113**

Country

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

**ROLLER, PERA  
 C/O PETRA ROLLER, COAST TO COAST INV.GRP  
 5051 CASTELLO DR, SUITE 17  
 NAPLES FL 34103**

Name **LAURENCE BOSSE**

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

**8048 TIGER LILY DRIVE**

City **NAPLES**

**FL**

Zip Code **34113**

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

**LAURENCE BOSSE**

**03.14.2001**

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, 2001 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 **BOSSE, LAURENCE A**  
 STREET ADDRESS **3,RUE DU GENERAL LECLERC 78570**  
 CITY-ST-ZIP **CHANTELOUP LES VIGNES,FRANCE**

TITLE **P/T/D** ☒ Change ☐ Addition  
 NAME **BOSSE LAURENCE A**  
 STREET ADDRESS **8048 TIGER LILY DRIVE,NAPLES FL 34113**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 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:

**LAURENCE BOSSE**

**03.14.2001**

**(941)775.7405**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Director, President**

CR2E034 (10/00)