04/26/2002 12:10 9551097 CPA ASSOCIA

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91598 031 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058971

1. Entity Name: NORTH COLLIER GROUP INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 681 21ST NW
Suite, Apt. #, etc.
City & State: Naples FL
Zip: 34120 Country: USA

3. Mailing Address: 681 21ST NW
Suite, Apt. #, etc.
City & State: NAPLES FL
Zip: 34120 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3696387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: PATRICIA COOPER
Street Address (P.O. Box Number is Not Acceptable): 681-21ST NW
NAPLES
City: NAPLES FL Zip Code: 34120

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: Patricia Cooper 4/26/02
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) ☑

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRES
NAME	PATRICIA COOPER
STREET ADDRESS	681 21ST NW
CITY-ST-ZIP	NAPLES FL 34120
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034R (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Cooper PATRICIA COOPER 4/26/02 (239) 304-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #