

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90121 010 ***150.00

DOCUMENT # P02000134000

1. Entity Name
D&C OF COLLIER, INC.



Principal Place of Business
**2340 55TH TER SW UNIT A
NAPLES, FL 34116**

Mailing Address
**2340 55TH TER SW UNIT A
NAPLES, FL 34116**

1001411



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

43 Truman Cir.
Suite, Apt. #, etc.

3. Mailing Address

43 Truman Cir.
Suite, Apt. #, etc.

City & State
Naples FL
Zip
34104
Country
USA

City & State
Naples FL
Zip
34104
Country
USA

4. FEI Number

56-230-70-40

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GANGL, SANDRA
5780 HOUCHIN ST
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name
Diego Carreon

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

43 Truman Cir

City
Naples

FL

Zip Code

34104

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]

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

(NOTE: Registered Agent signature required when maintaining)

DATE

4/13/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/S/T/D
CARREON, DIEGO
2340 55TH TER SW UNIT A
NAPLES, FL 34116**

☐ Delete

**43 Truman Cir.
Naples, FL 34104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/13/03

CR2E034 (10/02)