

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000069925**

1. Entity Name

COLLIER RETREADING, INC.**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90128 010 ***150.00

Principal Place of Business

2057 SEEDLING BLVD.
IMMOKALEE FL 33142
US

Mailing Address

2057 SEEDLING BLVD.
IMMOKALEE FL 34142-3842
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RIVERA, RICARDO
659 BOWLING DR
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name **RIVERA, RICARDO**
Street Address (P.O. Box Number is Not Acceptable)
659 BOW LINE DRCity **NAPLES**FL **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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME **P**
STIEHL, WALTER
STREET ADDRESS **7380 PROVINCE WAY**
CITY-ST-ZIP **NAPLES FL 34104**TITLE ☐ DeleteNAME **ST**
RIVERA, RICARDO
STREET ADDRESS **659 BOWLINE DR**
CITY-ST-ZIP **NAPLES FL 34103**TITLE ☒ DeleteNAME **D**
STIEHL, DONALD J
STREET ADDRESS **310 SW 11TH ST**
CITY-ST-ZIP **NAPLES FL 34112**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ AdditionNAME **V.P.**
RIVERA, RICARDO
STREET ADDRESS **659 BOWLINE DR**
CITY-ST-ZIP **NAPLES, FL 34103**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ AdditionNAME **Treas.**
BARBARA STIEHL
STREET ADDRESS **1401 SNOWCROFT TRAIL**
CITY-ST-ZIP **DURHAM, N.C. 27707**TITLE ☐ Change ☒ AdditionNAME **Sec.**
BEVERLY MEDLIN
STREET ADDRESS **12 CLARK LANE**
CITY-ST-ZIP **ESSEX, CT, 06426**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
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:

RICARDO RIVERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-00 941-657-8473**709241**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0447457**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required