

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90131 050 ***150.00

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DOCUMENT # P96000030615

1. Entity Name
COLLIER INSURANCE BILLING INC.



Principal Place of Business

**712 BELVILLE BLVD
NAPLES FL 34104**

Mailing Address

**POST OFFICE BOX 1068
NAPLES FL 33939**

11029501



2. Principal Place of Business

201 8th St, S

Suite, Apt. #, etc.

#101

3. Mailing Address

5th St

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34102

Country

USA

Zip

34102

Country

USA

4. FEI Number

65-0551323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DOUGLAS, KIMBERLY C
712 BELVILLE BLVD
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name

Kimberly Clark Douglas

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

City

**201 8th St, S #101
Naples FL**

Zip Code

34102

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

4-29-03

**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
**VP
DOUGLAS, GEORGE H JR.
712 BELVILLE BLVD
NAPLES FL 34104** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DOUGLAS, KIMBERLY
712 BELVILLE BLVD
NAPLES FL 34104** ☐ Delete

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
STREET ADDRESS
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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-29-03 239
342-0510**

CR2E034 (10/02)