## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

SIGNATURE:

NATURE AND TYPE

## Jul 28, 2004 8:00 am **Secretary of State** DOCUMENT # P96000076030 1. Entity Name 07-28-2004 90018 024 \*\*\*150.00 COLLIER ENVIRONMENTAL CONSULTANTS, INC. Principal Place of Business Mailing Address 24002611 3880 ESTEY AVENUE 3880 ESTEY AVENUE NAPLES FL 34112 NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) Applied For 4. FEI Number City & State City & State 91-5934032 Not Applicable ~= Zip*= ---- -=* = --\$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESPINAR MARCO Street Address (P.O. Box Number is Not Acceptable) 3880 ESTEY AVENUE NAPLES FL 34112 % Zip Code City 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. DATE (NOTE: Registered Agen) signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 % S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Addition ☐ Delete TITLE TITLE ESPINAR, MARCO NAME STREET ADDRESS 3880 ESTEY AVENUE STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP-☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 frue 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 of 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.

NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**