

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90087 015 ***150.00

DOCUMENT # P960000083658 ✓
1. Entity Name
COLLIERS SOFTWARE SERVICES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7321 NW 1ST MANOR</u>	3. Mailing Address <u>7321 NW 1ST MANOR</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>PLANTATION FL</u>	City & State <u>PLANTATION FL</u>	4. FEI Number <u>6701252</u> <u>65-0055406</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33317</u>	Country	Zip <u>33317</u>	Country
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CHESTER COLLIER
Street Address (P.O. Box Number is Not Acceptable)
7321 NW 1ST MANOR
City PLANTATION FL Zip Code 33317

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 Chester Collier (PRESIDENT) CHESTER COLLIER 1 MAY 2002
Signature, typed or printed name of registered agent and title if applicable. (OTF: 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>CHESTER COLLIER</u> <u>7321 NW 1ST MANOR</u> <u>PLANTATION FL 33317</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: CHESTER COLLIER Chester Collier 1 MAY 2002 (954) 327-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)