

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P96000088335**  
**1. Entity Name**  
**COLLIER HOME INVESTMENT SERVICES REALTY, INC.**

2. Principal Place of Business		3. Mailing Address	
2464 Vanderbilt Pch Ed		P.O. Box 770743	
Suite, Apt. #, etc. # 510		Suite, Apt. # etc.	
City & State Naples FL		City & State NAPLES FL	
Zip 34109	Country USA	Zip 34107-0743	Country U.S.



5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="text-align: center;"><b>FL</b></div> <div>Zip Code</div>

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$550.00</b>  <b>After September 13, 2002 Fee will be \$750.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEE, CYNTHIA J 140 20TH AVENUE NORTHWEST NAPLES FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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: Ching-Jie Lee Ching-Jie Lee 7-7-02 239-777-7777

CR2E034 (4/02)