

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

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90084 038 ***150.00

DOCUMENT # P97000012330

1. Entity Name **COLLIER CONTRACT CLEANERS, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1950 45TH TERRACE S.W.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

Zip

34116-5828

Country

USA

Zip

Country

4. FEI Number

59-3424598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

89468

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Wanda L. Reeves**

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

c/o Accounting & Clerical by Reeves

501 Goodlette Road, Ste B204

City

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.

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) ☐

**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	WANDA HECKMAN 1950 45TH TERRACE S.W. NAPLES, FLORIDA 34116-5828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Susan Wilson 68 Isle St. Thomas Naples, Florida 34114
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**DO NOT WRITE
IN THIS SPACE**

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:

Wanda Heckman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WANDA HECKMAN

4-15-02 **941-352-7829**
Date Daytime Phone

CR2E034B (12/01)