

FILED  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90965 010 \*\*\*150.00

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

DOCUMENT # P97000012782

1. Entity Name

COLLEGIATE PROPERTY SERVICES INC.



**DO NOT WRITE IN THIS SPACE**

**10095791**

2. Principal Place of Business

536 N MONROE ST

Suite, Apt. #, etc.

TALLAHASSEE FL

City & State

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3426140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DENNIS R FULLER

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

536 N MONROE ST

City

TALLAHASSEE FL

Zip Code

32301

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE

Jan 1 - May 1: \$150.00  
After May 1: \$1.00  
Amended UBR: \$1.00

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  
P  
DENNIS R FULLER  
536 N. MONROE ST  
TALLAHASSEE FL 32301

TITLE  
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS FULLER

Date

4/28/03 850 402 9000

Daytime Phone #

CR2E034B (12/02)