## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000104992

1. Entity Name

COLLIER ENTERPRISES, INC.

Principal Place of Business 3003 TAMIAMI TRAIL NORTH SUITE 400 NAPLES FL 34103 Mailing Address

3003 TAMIAMI TRAIL NORTH

SUITE 400

NAPLES FL 34103

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90359 024 \*\*\*150.00

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CHECK HERE IF MAKING CHANGES

FLORA, TERRY L 3003 TAMIAMI TRAIL NORTH NAPLES FL 34103 Name CORINIA

7. Name and Address of New Registered Agent

59-3504576

(P.O. Box Number is Not Acceptable)

Certificate of Status Desired

FEI Number

City NAPLES

FL 39/03

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 gent.

Country

SIGNATURE

Zip

Signature, typed or printed name of registered agent and title if applicable

6. Name and Address of Current Registered Agent

<u>Robert D. Corina</u>

NOTE: Registered Agent signature required when reinstating

<u>2/25/03</u>

DATE

ncing \$5.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

Country

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE TITLE ☐ Delete Change COLLIER, MILES C. 3003 TAMIAMI TRAIL NORTH, STE 400 COLLIER, MILES C NAME NAME STREET ADDRESS 3003 TAMIAMI TRL N STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP NAPLES ☐ Change Addition TITLE TITLE Delete ISABEL COLLIER NAME FLORA, TERRY L NAME 3003 TAMIAMI TRAIL NORTH, STE 400 STREET ADDRESS 3003 TAMIAMI TRAIL N STE 400 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP APLES Addition TITLE ☐ Delete TITLE [7] Change COLLIER II, BARRON G. NAME FLOOD, THOMAS J NAME 3003 TAMIAMI TRAIL NORTH, STE 400 STREET ADDRESS 3003 TAMIAMI TRL N STREET ADDRESS NAPLES CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP 🕅 Change TITLE ☐ Delete TITLE Addition CORINA, ROBERTS D NAME NAME CORINA, KOBERT D. TRAIL NORTH, STE 400 STREET ADDRESS 3003 tamiami trail north STREET ADDRESS 3003 TAMIAMI CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP APLES TITLE ☐ Delete TITLE ☐ Addition BIRR, JEFFREY 3003 TAMIAMI NAME BIRR, JEFFREY M NAME TRAIL NORTH STE 400 3003 TAMIAMI TRAIL NORTH SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naples Fl. 34103 341D3 TITLE ☐ Delete TITLE CONRECODE, THOMAS NAME Taylor, Michael O NAME 3003 TAMIAMI TRAIL NORTH STEYOO STREET ADDRESS 3003 TAMIAMI TRAIL NORTH, SUITE 400 STREET ADDRESS CITY-ST-ZIP NAPLES FL-34103 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 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 Block 11 if changed, or on an attachment with appeddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR

2/25/03

239..261..4455

Daytime Phone #

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