

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90098 033 ***150.00

DOCUMENT # P98000080730

1. Entity Name

COLLIERS ARNOLD VALUATION ADVISORY SERVICES, INC

Principal Place of Business

**102 W WHITING
 #300
 TAMPA FL 33602
 US**

Mailing Address

**121 NORTH OSCEOLA AVENUE
 CLEARWATER FL 33755-4039**

2. Principal Place of Business

3. Mailing Address

17757 US 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 275

City & State

City & State

Clearwater, FL

4. FEI Number

59-3539423

Applied For

Not Applicable

Zip

Country

Zip

Country

33764

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, LEE E

**121 NORTH OSCEOLA AVENUE
 CLEARWATER FL 33755-4039**

Name

Lee E. Arnold, Jr.

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

17757 US 19 North

Suite 275

City

Clearwater

FL

Zip Code

33764

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 **Lee E. Arnold, Jr.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
 NAME **ARNOLD, LEE JR**
 STREET ADDRESS **121 N OSCEOLA AVE**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **DS** ☒ Change ☐ Addition
 NAME **Lee E. Arnold Jr**
 STREET ADDRESS **17757 US 19 North, Suite 275**
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
 NAME **P Ron Sparks**
 STREET ADDRESS **2624 N. Dundee St.**
 CITY-ST-ZIP **Tampa FL 33629**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

727 442-7184

Daytime Phone #

CR2E034 (9/01)