

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

DOCUMENT # P99000041677

1. Entity Name  
COLLIER CUSTOM SHUTTERS INC.



Principal Place of Business  
1911 MANCHESTER CIRCLE  
NAPLES FL 34109

Mailing Address  
1911 MANCHESTER CIRCLE  
NAPLES FL 34109

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90050 003 \*\*\*150.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3584711

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

NOBLE, JOAN  
1911 MANCHESTER CIRCLE  
NAPLES FL 34109

Name

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

City

FL

Zip Code

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 *Joan Noble*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.09.03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME PORTER, DOROTHY L ☒ Delete  
STREET ADDRESS 2240 14TH STREET NORTH  
CITY-ST-ZIP NAPLES FL 34103

TITLE Secretary / Treasurer ☒ Change ☐ Addition  
NAME Joan noble  
STREET ADDRESS 1911 manchester cir.  
CITY-ST-ZIP naples, Fla. 34109

TITLE PT  
NAME NOBLE, JOAN ☐ Delete  
STREET ADDRESS 1911 MANCHESTER CIRCLE  
CITY-ST-ZIP NAPLES FL 34109

TITLE President ☐ Change ☒ Addition  
NAME Hilary B. Noble  
STREET ADDRESS 1911 manchester cir.  
CITY-ST-ZIP naples, Fla. 34109

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an address, with all other like empowered.

SIGNATURE: *Joan Noble*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.09.03

Date

2395945607

Daytime Phone #

CR2E034 (10/02)