2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90398 002 ***150.00

DOCUMENT # V16759

1. Entity Name
COLLIER CUSTOM GLASS AND MIRROS, INC.

Principal Place of Business	Mailing Address
3915 ARNOLD AVENUE BAY NO. 4 NAPLES, FL 33942	~~3915 ARNOLD AVENUE~~ ~~BAY NO. 4~~ NAPLES, FL ~~33942~~ P.O. Box 12312 34101 NAPLES FLA

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 12312
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: NAPLES FLA.
Zip / Country	Zip: 34101 / Country: Collier

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0320754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
QUINN, JEFFREY C., ESQUIRE
307 AIRPORT PULLING ROAD NORTH
NAPLES, FL 33942

7. Name and Address of New Registered Agent
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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~PARK, ROBERT W II~~ ~~111 19TH STREET S.W.~~ ~~NAPLES, FL 34117~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ P LEY, CARL E 27250 HIGH SEAS LN BONITA SPRINGS, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] Carl E. Ley — 2-4-03 — 239-643-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #