

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90435 045 ***150.00

DOCUMENT # V36728						✓	
1. Entity Name Collier Business Consultants, Inc.							
Principal Place of Business 5017 Tamiami Trail E. Naples, FL 34113				Mailing Address 5017 Tamiami Trail E. Naples, FL 34113			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				P. O. Box 990208			
City & State				City & State			
Naples, FL				Naples, FL			
Zip		Country		Zip		Country	
34116-0208		USA		4. FEI Number 65-0336021		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Mathurin, Victor E. 25182 Golf Lake Circle Bonita Springs, FL 34135				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.							
SIGNATURE _____ Date _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing <input type="checkbox"/> \$5.00 Trust Fund Contribution. May Be Added to Fees			
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Mathurin, Victor E.			NAME	Mathurin, Victor E.		
STREET ADDRESS	5356 Grand Cypress Cir., #201			STREET ADDRESS	25182 Golf Lake Circle		
CITY - ST - ZIP	Naples, FL 34104			CITY - ST - ZIP	Bonita Springs, FL 34135		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Mathurin, Todd S.			NAME	Mathurin, Todd S.		
STREET ADDRESS	5356 Grand Cypress Cir., #201			STREET ADDRESS	P. O. Box 990208		
CITY - ST - ZIP	Naples, FL 34140			CITY - ST - ZIP	Naples, FL 34116-0208		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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: <u>Todd S. Mathurin</u>				Todd S. Mathurin, VP		4/30/2002 239 732-8920	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	

CR2E034 (9/99)