

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M06384

Entity Name: COLLIER FINANCIAL SERVICES, INC.**Current Principal Place of Business:**2550 GOODLETTE RD. N., #100
NAPLES, FL 34103**Current Mailing Address:**2550 GOODLETTE RD. N., #100
NAPLES, FL 34103 US**FEI Number:** 59-2460738**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORINA, ROBERT D
2550 GOODLETTE RD. N., #100
NAPLES, FL 34103 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, SECRETARY,
TREASURER
Name CORINA, ROBERT
Address 2550 GOODLETTE RD. N., #100
City-State-Zip: NAPLES FL 34103

Title VP
Name SPILKER, CHRISTIAN
Address 2550 GOODLETTE RD. N., #100
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name ZUNDEL, ROBERT C. JR.
Address 2550 GOODLETTE RD. N., #100
City-State-Zip: NAPLES FL 34103

Title VP
Name UTTER, PATRICK
Address 2550 GOODLETTE RD. N., #100
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name WALTON, ROBERT
Address 2550 GOODLETTE RD. N., #100
City-State-Zip: NAPLES FL 34103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT D. CORINA

PRESIDENT

08/12/2020

Electronic Signature of Signing Officer/Director Detail_____
Date