

# 2002 UNIFORM BUSINESS REPORT (UBR)

012152 AV

DOCUMENT # **P93000082502**

1. Entity Name  
**ORLANDO COIN AND STAMP, INC.**

FILED

02 APR 30 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2725 N ORANGE BLOSSOM TRAIL  
ORLANDO FL 32804  
US**

Mailing Address  
**P O BOX 545050  
ORLANDO FL 32854-5050**

2. Principal Place of Business *None out of business 1998 name*  
**None out of business 1998 name**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

4. FEI Number **59-3212551** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
**FINCH, PHILLIP R.  
201 E. PINE STREET  
SUITE 1200  
ORLANDO FL 32801**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P BEARDSLEY, BEVERLY 2725 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300005554643-3 -05/16/02--01032--028 ****150.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Beverly Beardsley* **4/15/02 407-648-8662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)