## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Jan 11, 2001 8:00 am Secretary of State 01-11-2001 90058 031 \*\*\*150.00 DOCUMENT # P9600053827 1. Entity Name M & G NUMISMATIC AUCTIONS, INC. Principal Place of Business Mailing Address P.O. BOX 951988 270 HUMPHREY RD LAKE MARY FL 32795-1988 LAKE MARY FL 32746 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3406177 City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRELLMAN, JOHN R Street Address (P.O. Box Number is Not Acceptable) 270 HUMPHREY RD LAKE MARY FL 32746 Zip Code FI City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) □ Change ☐ Addition ☐ Delete MCCAWLEY, CHRISTOPHER V NAME NAME STREET ADDRESS STREET ADDRESS 2800 LOST ROCK TRAIL CITY-ST-ZIP CITY-ST-ZIP EDMOND OK 73003 Change ☐ Addition ☐ Delete GRELLMAN, JOHN R JR NAME NAME STREET ADDRESS 270 HUMPHREY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 embowered 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

<u>=</u>

407-321-8747

1-08-01