

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90247 046 \*\*\*150.00

DOCUMENT # P98000005977

1. Entity Name  
CORBIN'S STAMP AND COIN, INC.



Principal Place of Business  
4218 POLEY LANE  
LAKELAND FL 33811

Mailing Address  
4218 POLEY LANE  
LAKELAND FL 33811

2. Principal Place of Business  
4126 WINDCHIME LAVE

3. Mailing Address  
4126 WINDCHIME LAVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LAKELAND FLORIDA

City & State  
LAKELAND FLORIDA

4. FEI Number 59-3486376

Applied For  
Not Applicable

Zip Country  
33811 USA

Zip Country  
33811 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORBIN, ADELBERT F  
4218 POLEY LANE  
LAKELAND FL 33811

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 *Adelbert F. Corbin*

Feb. 10, 2003

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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CORBIN, ADELBERT F  
CITY-ST-ZIP 4218 POLEY LANE  
LAKELAND FL 33811

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS CORBIN, ADELBERT F  
CITY-ST-ZIP 4126 WINDCHIME LAVE  
LAKELAND, FL 33811

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CORBIN, KATHARINE A  
CITY-ST-ZIP 4218 POLEY LANE  
LAKELAND FL 33811

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS CORBIN, KATHARINE A  
CITY-ST-ZIP 4126 WINDCHIME LAVE  
LAKELAND, FL 33811

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Adelbert F. Corbin*

Feb 10, 2003 863-651-3266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)