2002 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2002 8:00 am **Secretary of State** DOCUMENT # 546533 1. Entity Name 02-01-2002 90021 026 ***150.00 HAUSER'S COIN COMPANY, INC. Principal Place of Business' ** ** ** ** Mailing Address 3425 S. FLORIDA AVE 3425 S FLORIDA AVE LAKELAND FL 33803 LAKELAND FL 33803 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1868579 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAUSER, NICHOLAS P Street Address (P.O. Box Number is Not Acceptable) 3425 S. FLORIDA AVE. LAKELAND FL 33803 Zip Code City FL 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 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 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition □ Change TITLE TITLE ☐ Delete NAME NAME HAUSER, NICHOLAS STREET ADDRESS 3910 WINDCHIME LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE LAKELAND FL 33811 Addition Delete TITLE ☐ Change TITLE NAME NAME HAUSER, BARBARA STREET ADDRESS STREET ADDRESS 3910 WINDCHIME LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33811 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.

FILED

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