2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91562 029 ***150.00

DOCUMENT # 559250

1. Entity Name
COLLECTABLE IMAGES, INC.

DO NOT WRITE IN THIS SPACE

642843

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2. Principal Place of Business	3. Mailing Address
3836 Sunflower Court	3836 Sunflower Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island, Florida	City & State: Merritt Island, Florida
Zip: 32953 Country: Brevard	Zip: 32953 Country: Brevard

4. FEI Number 59-1812875 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Hali Panzak

Street Address (P.O. Box Number is Not Acceptable): 3836 Sunflower Court

City: Merritt Island FL Zip Code 32953

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 Hali Panzak HALI PANZAK, Secretary/Treasurer 4/17/02
Signature, typed or printed name of registered agent and title if applicable. (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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PVD	TITLE	
NAME	FELDER, LOIS G.	NAME	
STREET ADDRESS	P.O. Box 1118	STREET ADDRESS	
CITY-ST-ZIP	Cocoa, FL 32923	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	PANZAK, HALI	NAME	
STREET ADDRESS	3836 Sunflower Court	STREET ADDRESS	
CITY-ST-ZIP	Merritt Island, FL 32953	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lois G. Felder Lois G. Felder, President 4-17-02 (321)633-8099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #