

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90359 029 ***150.00

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DOCUMENT # L79896

1. Entity Name
PREMIER COLLECTIBLES, INC.



Principal Place of Business
% ELIOT H. WEISMAN
1401 UNIVERSITY DR., SUITE 602
CORAL SPRINGS FL 33071

Mailing Address
% ELIOT H. WEISMAN
1401 UNIVERSITY DR., SUITE 602
CORAL SPRINGS FL 33071



2. Principal Place of Business
1025 W. Sample Rd.
Suite, Apt. #, etc.
Suite 210

3. Mailing Address
1025 W. Sample Rd
Suite, Apt. #, etc.
Suite 210

☒ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs
Zip
33065

Country
USA
Broward

City & State
Coral Springs
Zip
33065

Country
USA
Broward

4. FEI Number
36-3711408

Applied For
Not Applicable

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

WEISMAN, ELIOT H.
1401 UNIVERSITY DR
SUITE 602
CORAL SPRINGS FL 33071

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

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEISMAN, ELIOT H.
1401 UNIVERSITY DR STE 602
CORAL SPRINGS FL 33071

☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)