DOCUMENT # M96386 1. Entity Name THE NATIONAL COLLECTOR, INC.	NESS REPORT	(UBN)	Secr	9, 2000 a etary of	8:00 a f State	e
Principal Place of Business 6113 CLARK CENTER AVE. SARASOTA FL 34238 US	Mailing Address 6113 CLARK CTR. AVE SARASOTA FL 34234-2116 US		1 (44) 4 4) 1 (4) 4 6 1		::: 61611 Å(B () 618 11	
2. Principal Place of Business 1410 WARTHGATE BLVD Suite, Apt. #, etc.	3. Mailing Address //// NAPTHG/ Suite, Apt. #, etc.	ATE BLUD	1 19819411 112 14114 411	NOT WRITE IN THIS		
SARASOTA, FZ	SARASOTA, F	Z	4. FEI Number 65-	0070514		olied For Applicable
Zip3422034 Country USA		intry USA	5. Certificate of Status	Desiled []	\$8.75 Addit	
6. Name and Address of Current F	Registered Agent	Name	7. Name and Address	of New Registered A	4gent	
SHARPE, DOUGLAS M. 6113 CLARK CENTER AVE SARASOTA FL 34238			P.O. Box Number is Not A		Tio Codo	
		City		FL	Zip Code	
8. The above named entity submits this statement for	the purpose of changing its registe	ered office or registere	ed agent, or both, in the S	tate of Florida.		
SIGNATURE	nd title if applicable. (NOTE: Registe	ered Agent signature required	when reinstating)	DATE	·	•
	FILE NOW!!! FE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 2000 Fe Make Check Payable to	e will be \$550.00		ontribution. [Added	May Be to Fees
11. OFFICERS AND I			ADDITIONS/CHANGE	= O 1 NIDIATA	DIRECTORS	IN 11 Addition
TITLE P SHARPE, DOUGLAS M. STREET ADDRESS 6113 CLARK CENTER AVE SARASOTA FL	NA ST	RAME DOL REET ADDRESS 1416 TY-ST-ZIP 3/	IGLAS MI O NARIHGA OBA SODA, F	HAMPE SIE BLIO	34	_
TITLE PRESIDENT, SEC 3 NAME STREET ADDRESS CITY-ST-ZIP	N# ST	TLE PRE AME TY-ST-ZIP	SIDENT ISE NO F. ROBE NO WARTH G REASOTA	X 3 DIRECT WALT ATE BLU FOR 30	MQ Change 10 11 2 多。	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/	TLE AME (REET ADDRESS TY-ST-ZIP	and special in		☐. Change	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	☐ Delete TI NA	TLE AME IREET ADDRESS TY-ST-ZIP		4.	☐ Change	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA ST	TLE AME IREET ADDRESS TY-ST-ZIP			Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA ST	TLE AME TREET ADDRESS TY-ST-ZIP			Change	
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustell emportanged, or on an attachment with an address, we SIGNATURE:	true and accurate and mat my sign weted to execute this eport as req	table shall have the surfect by Chapter 607	ction 119.07(3)(i), Florida same legal effect as if ma , Florida Statutes; and the Date	Ol 941-3	in Block 11 or	or director Block 12 if