

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2001 8:00 am**  
**Secretary of State**

08-24-2001 90043 012 \*\*\*550.00

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 AV

**DOCUMENT # M96386**

1. Entity Name  
**THE NATIONAL COLLECTOR, INC.**

Principal Place of Business  
**1610 NORTHGATE BLVD**  
**SARASOTA FL 34234**  
**US**

Mailing Address  
**1610 NORTHGATE BLVD**  
**SARASOTA FL 34234**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0070514**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**SHARPE, DOUGLAS M.**  
**6113 CLARK CENTER AVE**  
**SARASOTA FL 34238**

Name **SHARPE, DOUGLAS M**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1610 NORTHGATE BLVD**  
 City **SARASOTA FL** Zip Code **34234**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **SHARPE, DOUGLAS M.**  
 STREET ADDRESS **6113 CLARK CENTER AVE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **SHARPE, DOUGLAS M.**  
 STREET ADDRESS **1610 NORTHGATE BLVD**  
 CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 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.

SIGNATURE: **X**

**SIGNATURE REQUIRED**  
**Signature of Douglas Sharpe**  
**8-13-01 941-358-3080**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)