

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90160 010 ****70.00

DOCUMENT # N14902

1. Entity Name

MILITARIA COLLECTORS SOCIETY OF FLORIDA, INC.



Principal Place of Business

PO BOX 343133
FLORIDA CITY FL 33034
US

Mailing Address

PO BOX 343133
FLORIDA CITY FL 33034
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0117155**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUETTE, RICKIE L.
14481 S.W. 289TH TERRACE
LEISURE CITY FL 33033

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **RIZZO, STEVE**
STREET ADDRESS **1710 S.W. 97 AVE.**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **DT** ☐ Delete
NAME **MARQUETTE, RICKIE**
STREET ADDRESS **14481 SW 289 TERR**
CITY-ST-ZIP **LEISURE CITY FL**

TITLE **D** ☒ Delete
NAME **OSBORNE, RAYMOND**
STREET ADDRESS **384 S W 17 TERR**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **D** ☐ Delete
NAME **ADDE, TIM**
STREET ADDRESS **2158 N.E. 183 ST**
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE **SD** ☐ Delete
NAME **JACOBUS, JON**
STREET ADDRESS **140 N.E. 55TH ST**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **DP** ☐ Delete
NAME **HAMILTON, JOE**
STREET ADDRESS **530 NW 31ST AVE**
CITY-ST-ZIP **MIAMI FL 33125**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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 REQUIRED MARQUETTE

5/20/03

(305) 245-2323

CR2E037 (10/02)