

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

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90064 035 \*\*\*150.00

DOCUMENT # P00000015099

1. Entity Name

Collectible Treasures Dollhouse, Inc.

**DO NOT WRITE IN THIS SPACE**

425816

2. Principal Place of Business

2458 Commerce Ave.

3. Mailing Address

2458 Commerce Ave.

DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number

59-3627508

Applied For

Not Applicable

Zip

34606

Country

Zip

34606

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

David B. Bartalino

Street Address (P.O. Box Number is Not Acceptable)

2458 Commerce Ave.

City

Spring Hill

FL

Zip Code

34606

**DO NOT WRITE  
IN THIS SPACE**

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

*David B. Bartalino*

David B. Bartalino

2-8-02

(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  
NAME

STREET ADDRESS

CITY-ST-ZIP

D, P, V, S, I, T  
Bartalino, David B.  
2458 Commerce Ave.  
Spring Hill, FL 34606

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
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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 687, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David B. Bartalino - President

2-8-02

Date

Daytime Phone #

CR2E034B (12/01)