

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 90390 024 ***150.00

DOCUMENT # P01000000210

1. Entity Name
TLC'S BREYER COLLECTIBLES, INC.

Principal Place of Business Mailing Address
700 11TH ST S. PH II **700 11TH ST S. PH II**
NAPLES FL 34102 **NAPLES FL 34102**

2. Principal Place of Business 3. Mailing Address
230 Elliott Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Mary Esther FL
 Zip Country Zip Country
32569 OKALOOSA

4. FEI Number Applied For
59-3689451 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
BRYANT, EDWARD R JR
700 11TH ST S, PH II
NAPLES FL 34102
 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.

SIGNATURE 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETHKIRKPATRICK, SHERRY		NAME	Kirkpatrick, Sherry E.	
STREET ADDRESS	502 SCHNEIDER DR		STREET ADDRESS	502 Schneider Dr.	
CITY-ST-ZIP	FT WALTON BEACH FL 32547		CITY-ST-ZIP	Ft. Walton Bch., FL 32547	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kirkpatrick, Kelly M.	
STREET ADDRESS			STREET ADDRESS	502 Schneider Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Walton Bch., FL 32547	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Sherry E. Kirkpatrick** **April 30, 01 (850) 862-0018**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)