

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90030 029 ***150.00

DOCUMENT # P01000024743

1. Entity Name
AH COLLECTIBLES, INC.

Principal Place of Business

**141 SANDY OAKS PLACE
 LONGWOOD FL 32779**

**P.O. Box 952974
 Lake Mary, FL 32795-2974**

Mailing Address

**141 SANDY OAKS PLACE
 LONGWOOD FL 32779**

**P.O. Box 952974
 Lake Mary, FL
 32795-2974**

2. Principal Place of Business

3. Mailing Address

P.O. Box 952974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary, FL

4. FEI Number

59-3721985

Applied For

Not Applicable

Zip

Country

32795

Country

Seminole

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

**PEPPLER, THOMAS R
 1420 ALAFAYA TRAIL, SUITE 101
 OVIEDO FL 32765**

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.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **HAGER, ALAN**
 CITY-ST-ZIP **141 SANDY OAKS PLACE
 LONGWOOD FL 32779**

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

TITLE ☒ Delete
 NAME **Secretary**
 STREET ADDRESS **Diane Hager**
 CITY-ST-ZIP **141 SANDY OAKS PL
 LONGWOOD, FL 32779**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

Pres. 4-10-02

Date

Daytime Phone #

CR2E034 (9/01)