

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91626 032 ***150.00

DOCUMENT # P01000100156

1. Entity Name

WHALEY'S COLLECTIBLES, INC.

Principal Place of Business

**511 COLUMBIA DRIVE
 #12
 TAMPA FL 33606**

Mailing Address

**511 COLUMBIA DRIVE
 #12
 TAMPA FL 33606**

2. Principal Place of Business

272 NE 3rd ST

3. Mailing Address

P.O. Box 128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL

City & State

LECANTO, FL

4. FEI Number

59-3753157

Applied For

Not Applicable

Zip

34429

Country

FLORIDA

Zip

34460

Country

FLORIDA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WHALEY, MARK
 511 COLUMBIA DRIVE
 #12
 TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

WHALEY, MARK A

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

272 NE 3rd STREET

City

CRYSTAL RIVER

FL

Zip Code

34429

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)

May 10th, 2002

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

TITLE **P** ☐ Delete
 NAME **WHALEY, MARK**
 STREET ADDRESS **511 COLUMBIA DR. #12**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition
 NAME **WHALEY, MARK A.**
 STREET ADDRESS **P.O. Box 128**
 CITY-ST-ZIP **LECANTO, FL 34460**

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)