

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90126 036 ***158.75

DOCUMENT # P01000100156

1. Entity Name
WHALEY'S COLLECTIBLES, INC.



Principal Place of Business
**272 NE 3RD ST
CRYSTAL RIVER FL 34425**

Mailing Address
**P.O BOX 128
LECANTO FL 34460**

11029264



2. Principal Place of Business

1308 N. DUNKENFIELD AVE

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
CRYSTAL RIVER, FL

City & State

4. FEI Number **59-3753157**

Applied For
Not Applicable

Zip
34429

Country

Zip

Country

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 -

**WHALEY, MARK
272 NE 3RD STREET
CRYSTAL RIVER FL 34429**

Name

MARK A. WHALEY

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

1308 N. DUNKENFIELD AVE

CRYSTAL RIVER

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mark A. Whaley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 24TH, 2003
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PRES** ☒ Change ☐ Addition
NAME **MARK A. WHALEY**
STREET ADDRESS **1308 N. DUNKENFIELD AVE**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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: *Mark A. Whaley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24TH, 2003
Date

352-795-1254
Daytime Phone #

CR2E034 (10/02)