

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90030 033 ***150.00

DOCUMENT # P02000052045

1. Entity Name
COLLECTIBLE SISTERS TWO, INC.



Principal Place of Business
3441 W. KENNEDY BLVD.
TAMPA FL 33609-2905

Mailing Address
3441 W. KENNEDY BLVD.
TAMPA FL 33609-2905

60005268



2. Principal Place of Business
3437 W. Kennedy Blvd.
Suite, Apt. #, etc.

3. Mailing Address
3437 W. Kennedy Blvd.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL
Zip
33609

City & State
Tampa, FL

4. FEI Number
81-0552252

Applied For
Not Applicable

Country
Hillshorough

Zip
33609

Country
Hillshorough

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CONNOR, RUTH
3441 W. KENNEDY BLVD.
TAMPA FL 33609-2905

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
CONNOR, RUTH
STREET ADDRESS
9908 CRISTINA DRIVE
CITY-ST-ZIP
RIVERVIEW FL 33569

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

TITLE
D ☐ Delete
NAME
BRADY, LINDA
STREET ADDRESS
3817 SEVILLA STREET
CITY-ST-ZIP
TAMPA FL 33629

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

TITLE ☐ Delete
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

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:

SIGNATURE REQUIRED
(RUTH A. CONNOR)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02
Date

813-671-0588
Daytime Phone #

CR2E034 (10/02)