


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

01-24-2003 90138 044 ***150.00

DOCUMENT # P02000058551

1. Entity Name
JOHN'S CARDS & COLLECTIBLES INC.



Principal Place of Business
13352 N. CLEVELAND AVE.
#202
NORTH FORT MYERS FL 33903

Mailing Address
P.O. BOX 50488
FORT MYERS FL 33994



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SEPIELLI, TERRY L
2439 BRIDGE ROAD
NORTH FORT MYERS FL 33917

4. FEI Number
47-0872858

Applied For
 Not Applicable

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ Delete

NAME **SEPIELLI, JOHN G**

STREET ADDRESS **13352 N. CLEVELAND AVE.**

CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Delete

NAME **SEPIELLI, TERRY L**

STREET ADDRESS **13352 N. CLEVELAND AVE.**

CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

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CITY-ST-ZIP _____

TITLE _____ Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

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 persons empowered.

SIGNATURE: JOHN SEPIELLI **1-15-03** **239 543 8941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOHN SEPIELLI** Date Daytime Phone #

P.O. Box 50488
Ft. M.

CR2E034 (10/02)