


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90165 013 ***150.00

0001764 AT

| | |
|--|---|
| DOCUMENT # P02000125698 |  |
| 1. Entity Name L & N COLLECTORAMAS, INC. | |

| | |
|---|---|
| Principal Place of Business 555 SELINA ST PENSACOLA FL 32503 | Mailing Address 555 SELINA ST PENSACOLA FL 32503 |
|---|---|

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|---------------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | P.O. Box 2186 Pensacola, FL 32513-2186 USA |
| City & State | |
| Zip | Country |



☐ CHECK HERE IF MAKING CHANGES

| | |
|------------------------|----------------|
| 4. F 30-0133280 | Applied For |
| | Not Applicable |

| | |
|---|---------------------------------------|
| 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 |
| FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY STE 300 TAMPA FL 33637-2087 | 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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANE, EDWARD J 555 SELINA ST PENSACOLA FL 32503 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NUTT, ARTHUR 9659 QUAIL HOLLOW BLVD PENSACOLA FL 32514 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | William W. Lane AD 132 Camelot Dr. Gray, GA 31032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Edward J. Lane Edward J. Lane - Sec/Treas 4-29-03 (250) 472-1827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (10/02)