

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90033 026 ***150.00

0019137 AV

DOCUMENT # P93000044000

1. Entity Name

THE BASEBALL & SPORTS CARD EXCHANGE, INC.

Principal Place of Business

**30 WEST GRANADA BLVD.
 ORMOND BEACH FL 32176**

Mailing Address

**30 WEST GRANADA BLVD.
 ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

555 W Granada Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite G-10

City & State

City & State

Ormond Beach, FL

Zip

Country

Zip

32174

Country

USA

Volusia

4. FEI Number

59-3186084

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

SPAULding, ROGER A ---

55 LONGWOOD DRIVE ---

ORMOND BEACH FL 32176 ---

Name

Dale J Abbott CPA

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

555 W Granada Blvd., Ste G-10

City

Ormond Beach

FL

Zip Code

32174

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)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P/T**
 STREET ADDRESS **JEFFREY J. BOYLE**
 CITY-ST-ZIP **30 WEST GRANADA BLVD.
 ORMOND BCH FL 32174**

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

TITLE ☐ Delete
 NAME **V/S**
 STREET ADDRESS **SUSAN H. BOYLE**
 CITY-ST-ZIP **30 WEST GRANADA BLVD
 ORMOND BCH FL 32174**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-02 386-673-0704

CR2E034 (9/01)