2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082502

1. Entity Name

ORLANDO COIN AND STAMP, INC.

Principal Place of Business		Mailing Address					
2124 WEST COLONIAL COLANDO FL 32804		2725 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804-4304					
2. Principal Pl	ace of Business	3. Mailing Address					
there is no business-					00: 10 0 (010) 1310 0011 0011 0011 1		A HOUR BARROUR
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS S	PACE
City & State		City & State		4. FEI Nun	^{nber} 59-3212551		Ap No
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired		8.75 Add ee Required
	6. Name and Address of Current F	Registered Agent		7. Name a	nd Address of New Re	egistered A	gent
17 4 No. 1			Name				
201 E Suite	H, PHILLIP R. E. PINE STREET E 1200		Street A	ddress (P.O. Box Nurr	nber is Not Acceptable)		
ORLA	NDO FL 32801		City			FL	Zip Code
SIGNATURE	named entity submits this statement for Signature, typed or printed name of registered agent a			registered agent, or		rida.	
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		50.00 \ 10.	Election Campaign Fina Trust Fund Contribution		\$5.0 Added
11.	OFFICERS AND I	DIRECTORS	12.	ADDITION	S/CHANGES TO OFFI	CERS AND	DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEARDSLEY, BEVERLY 2725 N. ORANGE BLOSSOM TRA ORLANDO FL 32804	; □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change

☐ Delete

☐ Delete

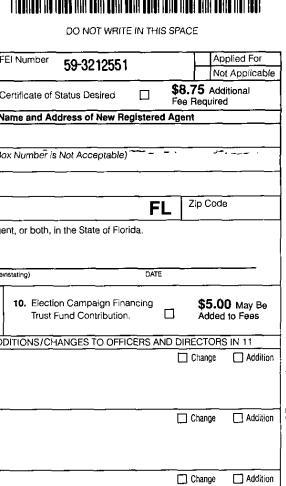
Delete

☐ Delete

☐ Delete

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90050 029 ***150.00



13. I hereby certify that the information supplied with this filling 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 address, with all other

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition