FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jul 12, 2001 8:00 am P95000015712 DOCUMENT # **Secretary of State** 1. Entity Name HAROLD'S STAMPS & COLLECTIBLES, INC. 07-12-2001 90114 035 ***150.00 Principal Place of Business Mailing Address P.O. BOX-868- 100669 P.O. BOX-669- 100669 CAPE CORAL FL 33910 - 0665 CAPE CORAL FL 33910-0669 Please Note_Appress Change. rincipal Place of Business 3. Mailing Address O. DOX 100669 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0556113 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNSTEIN, HAROLD Street Address (P.O. Box Number is Not Acceptable) 2530 SE 24TH CT. CAPE CORAL FL 33910 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition BERNSTEIN, HAROLD NAME NAME P.O. BOX 669 N/A STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33910 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. † 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

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Asonalo PHONE 941-772-3367 FAX 941-772-3391

P.O. BOX 100669 CAPE CORAL, FL 33910-0669

SUPPLYING STAMP COLLECTORS SINCE 1967 Email-haroldsstamps@aol.com

July 6,2001

#P95000015712

to whom it may concern.

dreceved this hotice on manage, July 2, 2001. This is the first hotile that I have reserved this year.

Please note that you have the wrong address, I was very lucky that this seems notice got to me.

On January 2000 the Cope Chal, Fr Port office was re-built and I was given a New address. It was not By Choice. the Post office monorted it.

It emmediately Notified in writing and by plane all state, federal and creal government agencies encluding the Jenior Hept of State

Today, From July 6, 2001 of called the Jan Dept of State and spoke to your representation Named DIEDRA. She tolome my her sources and of never received the first hitie. Check for \$150 andres.

Please forgive my Bod Kondeviling. I am 70 grs and and have recently had a stroke plus advonced authoritis of the

Successy / bud lainte Phone 941-772-3367