

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90152 043 ***150.00

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DOCUMENT # P95000015712

1. Entity Name
HAROLD'S STAMPS & COLLECTIBLES, INC.



Principal Place of Business
P.O. BOX 100669
CAPE CORAL FL 33910-0669

Mailing Address
P.O. BOX 100669
CAPE CORAL FL 33910-0669



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0556113**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNSTEIN, HAROLD
2530 SE 24TH CT.
CAPE CORAL FL 33910

Name

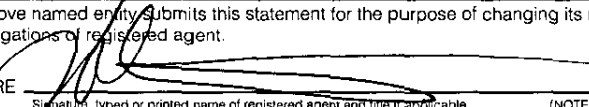
Street Address (P.O. Box Number is Not Acceptable)

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MAY 5, 2003
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 **D. BERNSTEIN, HAROLD**
STREET ADDRESS **P.O. BOX 669 N/A**
CITY-ST-ZIP **CAPE CORAL FL 33910**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 5, 2003
Daytime Phone #

CR2E034 (10/02)

90132358

Attachment Do# P95000015712

HAROLD'S
P.O. BOX 100669
CAPE CORAL, FL 33910-0669
U.S.A.

Dear Sir/Madam,

I AM 71 YRS OLD, HAVE HAD
SEVERAL STROKES AND A HEART
ATTACK. I HAVE SPENT MORE
TIME IN HOSPITALS AND NURSING HOMES
THAN AT HOME. THIS CAPTION
IS FOR AN IN HOME HOLBY BUSINESS
THAT I HAVE HAD FOR YEARS.
I HAVE JUST RETURNED FROM ATLANTA,
GA WHERE I WAS RECEIVING MEDICAL
CARE. I APOLOGISE FOR BEING A WEEK
LATE WITH THE ENCLOSED \$1500 CHECK.
I WAS OUT OF STATE FOR THE LAST
FEW MONTHS DUE TO MY POOR HEALTH.
THANK-YOU-FOR-YOUR CONSIDERATION
AND PLEASE FORGIVE MY POOR
HANDWRITING. I ALSO HAVE VERY
BAD ARTHRITIS OF MY HANDS
AND HIPS.

Sincerely

Harold

HAROLD-BERNSTEIN