2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

Mar 30, 2000 8:00 am Secretary of State DOCUMENT # **P96000005880** FLORIDA COLLECTORS GALLERY, INC. 03-30-2000 90074 025 ***150.00 Mailing Address Principal Place of Business 1003 EAST LOS OLAS BLVD. 1003 EAST LOS OLAS BLVD. FT. LAUDERDALE FL 33301-2313 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0639219 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOCHRIE, JR, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 1701 BRICKELL DR FT. LAUDERADLE FL 33301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Change ☐ Delete TITLE LOCHRIE, JR., ROBERT B NAME NAME STREET ADDRESS STREET ADDRESS 1701 BRICKEL AVE CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33301 Change Addition VPSD ☐ Delete TITLE TITLE NAME LOCHRIE, GLENN NAME STREET ADDRESS STREET ADDRESS 150 NE 15TH AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS ·CITY-ST-ŽIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 in the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the recei

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march 26,2000