

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91352 027 ***150.00

DOCUMENT # P 96 000 00 5880

1. Entity Name

FLORIDA COLLECTORS GALLERY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1003 E. LAS OLAS BLVD

Suite, Apt. #, etc.

3. Mailing Address

1003 E. LAS OLAS BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL

Zip

33301

Country

BROWARD

City & State

FT. LAUDERDALE FL

Zip

33301

Country

BROWARD

4. FEI Number

65-0639219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT B. LOCHRIE, JR

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

1701 BRICKELL DRIVE

City

FT. LAUDERDALE

FL

Zip Code

33301

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT + DIRECTOR
ROBERT B. LOCHRIE, JR
1701 BRICKELL DRIVE
FT. LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT + DIRECTOR
GLENN A. LOCHRIE
25 ISLE OF VENICE #1
FT. LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

ROBERT B. LOCHRIE, JR

Date

5/1/02

Daytime Phone #

954-832
0694

CR2E034B (12/01)