## واسترية 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000062003**

COLLECTORS CABINET MAGAZINE, INC.

Tax filing requirement and elects to do so.

EBBERBACH, CATHY

8192 WHITE ROCK CIRCLE

**BOYNTON BEACH FL 33436** 

OFFICERS AND DIRECTORS

(See criteria on back)

11.

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE NAME

CITY-ST-ZIP

Principal Place of Business

Mailing Address

8192 WHITE ROCK CIRCLE BOYNTON REACH EL 33436 8192 WHITE ROCK CIRCLE BOYNTON BEACH FL 33436

				1 (BALLED) (18 1014 PHI) PALL 2011 SOLI 2011	. ensa sirii arsii <b>saina</b> iiti i		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State			,		
				4. FEI Number 65-0720041 Applied I Not Appl			
							Zip
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
8192 WI	ACH, CATHY HITE ROCK CIRCLE ON BEACH FL 33436	A Tanggara Cata Tanananananananananananananananananana	Name Street Addre	ess (P.O. Box Number is Not Acceptable)			
			City	F	Zip Code		
8. The above nam	ned entity submits this statement fo	r the purpose of changing	its registered office or reg	gistered agent, or both, in the State of Florida.	•		
SIGNATURE	ature, typed or printed name of registered agent	and title if applicable (N	IOTE: Registered Agent signature re	equired when reinstating) DAT	E		
9. This corporation	on is eligible to satisfy its Intangible	FILE NO	W!!! FEE IS \$150.00	10 Election Campaign Financing	\$5.00 u-		

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

## **FILED** Jan 11, 2001 8:00 am Secretary of State 01-11-2001 90013 010 \*\*\*150.00

Applied For Not Applicable



	City			FL	Zip Code	)
	egistered office or req		ent, or both, in the State of Florida.	DATE		
	FEE IS \$150.00 1 Fee will be \$550 e to Department of	State	Election Campaign Financin     Trust Fund Contribution.		Added	May Be to Fees
TORS	12.	AD	DITIONS/CHANGES TO OFFICER	S AND (	DIRECTORS	S IN 11
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	٠.	t to stay to see the second		☐ Change	Addition
☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition

13. 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 required 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 an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

☐ Change

☐ Change

Addition

Addition

**=** 441