

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092371

1. Entity Name
POLICE AND FIRE COLLECTIBLES, INCORPORATED

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90268 028 ***158.75

Principal Place of Business
14120 SOUTH WEST 45TH STREET
MIAMI FL 33175

Mailing Address
14120 SOUTH WEST 45TH STREET
MIAMI FL 33175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0821623

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSTLUND, HOWARD
14120 SOUTH WEST 45TH STREET
MIAMI FL 33155

Name
Street Address (P.O. Box Numbers 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.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

OSTLUND

(NOTE: Registered Agent signature required when reinstating)

1/15/2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVPD
NAME OSTLUND, HOWARD
STREET ADDRESS 14120 SOUTH WEST 45TH STREET
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

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

TITLE D
NAME WOODS, ANN
STREET ADDRESS 14120 SOUTH WEST 45TH STREET
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE
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CITY-ST-ZIP ☐ 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2001

Date

800639 4644

Daytime Phone #

CR2E034 (10/00)