

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092792

1. Entity Name  
STEPHEN PARKER'S RARE COIN GALLERY, INC.

FILED

Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90498 026 \*\*\*150.00

Principal Place of Business

8010 BEATY GROVE DR  
TAMPA FL 33626

Mailing Address

P.O. BOX 25351  
TAMPA FL 33622-5351  
US

2. Principal Place of Business

2713 BURGONE PL

3. Mailing Address

PO Box 2027

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLano FL

City & State

DeLeon Springs FL

4. FEI Number

59-3412873

Applied For

Not Applicable

Zip

Country

32720

Volusia

Zip

Country

32130

Volusia

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

PARKER, STEPHEN  
8010 BEATY GROVE DR  
TAMPA FL 33626

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.

SIGNATURE

*Stephen Parker*

3/18/01

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) ☐

**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 **P** ☐ Delete  
NAME **STEPHEN PARKER**  
STREET ADDRESS **8010 BEATY GROVE DR**  
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Stephen Parker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/01 904 734 4434

CR2E034 (10/00)