

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90055 024 ***150.00

A0059221

DO NOT WRITE IN THIS SPACE

DOCUMENT # P970000046816 1. Entity Name Collectors Corner Inc.				<p>FILED Apr 30, 2001 8:00 am Secretary of State</p> <p>04-30-2001 90055 024 ***150.00</p> <p>A0059221</p> <p>DO NOT WRITE IN THIS SPACE</p>																																																							
Principal Place of Business 8201 S. TAMiami TR. A-24 SARASOTA FL 34238		Mailing Address 																																																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																									
City & State		City & State																																																									
Zip		Country		4. FEI Number 65-0758415																																																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		<p>Applied For</p> <p>Not Applicable</p>																																																							
6. Name and Address of Current Registered Agent KARLA A. Lehn 511 OAK Bay DR Osprey FL 34229						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																					
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.						FL Zip Code																																																					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)																																																											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>																																																											
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">11. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 33%; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;"> owner/President Karla Lehn 511 OAK Bay DR Osprey FL 34229 </div> <input type="checkbox"/> Delete </td> <td style="width: 33%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width: 33%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 33%; padding: 2px;"></td> <td style="width: 33%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>						11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> owner/President Karla Lehn 511 OAK Bay DR Osprey FL 34229 </div> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
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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: Karla A. Lehn Pres. 4/19/01 94 927 4560																																																											
<div style="display: flex; justify-content: space-between;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> </div>																																																											

CR2E034 (11/00)