

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000046816

1. Entity Name
COLLECTOR'S CORNER, INC.



Amended FILED

03 APR 28 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8201 S TAMiami TRAIL
STE A-24
SARASOTA FL 34238

Mailing Address
8201 S TAMiami TRAIL
STE A-24
SARASOTA FL 34238



2. Principal Place of Business
1441 TAMiami TR

3. Mailing Address
511 OAK BAY DR

Suite, Apt. #, etc.
UNIT 579

Suite, Apt. #, etc.

City & State
Port Charlotte FL

City & State
Osprey FL

4. FEI Number
65-0758415

Applied For
Not Applicable

Zip
33948

Country
USA

Zip
34229

Country
USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEHN, KARLA
511 OAK BAY DR
OSPREY FL 34229

Delete

7. Name and Address of New Registered Agent

Name
Joseph Lehn
Street Address (P.O. Box Number is Not Acceptable)
511 OAK BAY DR
City
Osprey FL Zip Code
34229

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/03

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
LEHN, KARLA A
511 OAK BAY DR
OSPREY FL 34225 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Joseph Lehn
511 OAK BAY DR
Osprey FL 34229 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400018569504
05/08/03--01067--011 ***150.00 ☐ Change ☐ Addition

TITLE
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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *Joseph Lehn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03
Date

941 586 4200
Daytime Phone #

CR2E034 (10/02)