

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038919

1. Entity Name

TREASURETIME COLLECTIBLES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90023 014 ***150.00

Principal Place of Business

Mailing Address

27001 US HWY 19 N. SUITE 8520
CLEARWATER FL 33761

27001 US HWY 19 N. SUITE 8520
CLEARWATER FL 33761-3496

2. Principal Place of Business

3320 COLUMBUS DRIVE

3. Mailing Address

3320 COLUMBUS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOWDAY, FL

City & State

HOWDAY, FL

4. FEI Number

59-3509974

Applied For

Not Applicable

Zip

34691

Country

USA

Zip

34691

Country

USA

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

INGRAFFIA, VICTOR (A.)
27001 US HWY 19 N, SUITE 8520
CLEARWATER FL 33761

Name

VICTOR A. INGRAFFIA

Street Address (P.O. Box Number is Not Acceptable)

3320 COLUMBUS DRIVE

City

HOWDAY

FL

Zip Code

34691

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, 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, 2000 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

TITLE PSTD
NAME INGRAFFIA, VICTOR
STREET ADDRESS 27001 US HWY 19 N, SUITE 8520
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME VICTOR A. INGRAFFIA ☒ Change ☐ Addition
STREET ADDRESS 3320 COLUMBUS DRIVE
CITY-ST-ZIP HOWDAY, FL 34691

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

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

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

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

TITLE
NAME
STREET ADDRESS
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, in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR A. INGRAFFIA PRESIDENT

Date

4/10/00

Daytime Phone #

(727) 842-0513

CR2E034 (9/99)