

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90047 009 ***150.00

DOCUMENT # **P98000038919**

1. Entity Name

TREASURETIME COLLECTIBLES, INC.

Principal Place of Business

Mailing Address

**3320 COLUMBUS DRIVE
HOLIDAY, FL 34691**

**3320 COLUMBUS DRIVE
HOLIDAY, FL 34691**

2. Principal Place of Business

3. Mailing Address

**27001 U.S. 19 N.
Suite, Apt. #, etc.
8520**

**P.O. BOX 3120
Suite, Apt. #, etc.**

City & State

City & State

4. FEI Number

Applied For

CHENNAI, FL

HOLIDAY, FL

59-3509974

Not Applicable

Zip **33761**

Country **U.S.A.**

Zip **34690**

Country **U.S.A.**

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

**VICTOR A. INGRAFFIA
3320 COLUMBUS DRIVE
HOLIDAY, FL 34691**

Name **VICTOR A. INGRAFFIA**

Street Address (P.O. Box Number is Not Acceptable)
12608 ASHDOWN DR.

City **ODESSA**

FL

Zip Code **33556**

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, 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	PSTD	<input type="checkbox"/> Delete
NAME	INGRAFFIA, VICTOR A.	
STREET ADDRESS	3320 COLUMBUS DRIVE	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAFFIA, VICTOR A.	
STREET ADDRESS	12608 ASHDOWN DR.	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR A. INGRAFFIA, PRESIDENT

4/26/01

Date

(813) 926-3703

Daytime Phone #

CR2E034 (11/00)