2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000077576**

1. Entity Name
PALM BEACH COLLECTORS SOCIETY, INC.

Principal Place of Business	Mailing Address
234 WORTH AVE	234 WORTH AVE
PALM BEACH FL	PALM BEACH FL
33480	33480

2. Principal Place of Business	3. Mailing Address
330 SOUTH OCEAN BLVD.	330 SOUTH OCEAN BLVD.
Suite, Apt. #, etc.: APT., 2C	Suite, Apt. #, etc.: APT. 2C
City & State: PALM BEACH FL	City & State: PALM BEACH FL
Zip: 33480 Country:	Zip: 33480 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

MINER ELLIE
234 WORTH AVE
PALM BEACH FL
33480

7. Name and Address of New Registered Agent

Name: MINER ELLIE
Street Address (P.O. Box Number is Not Acceptable): 330 SOUTH OCEAN BLVD.
APT., 2C
City: PALM BEACH **FL** Zip Code: 33480

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 **ELLIE MINER** 04/30/2001
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	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	MINER ELLIE	NAME	MINER ELLIE
STREET ADDRESS	234 WORTH AVE	STREET ADDRESS	330 SOUTH OCEAN BLVD., APT., 2C
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Ellie Miner Pres 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #