

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90061 021 ***150.00

DOCUMENT # P98000094542

1. Entity Name

L & E COLLECTABLES, INC.

Principal Place of Business

1820 FOXHALL CIR
 KISSIMMEE FL 34741

Mailing Address

1820 FOXHALL CIR
 KISSIMMEE FL 34741-2925

2. Principal Place of Business

4412 Lake Trudy Dr

3. Mailing Address

PO Box 420247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Cloud FL

City & State

Kissimmee FL

Zip

34769

Country

Zip

34742

Country

4. FEI Number

59-3536020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WASMAN, GLENN E
 1820 FOXHALL CIR
 KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Wasman, Glenn E

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

4412 Lake Trudy Dr

City

St Cloud

FL

Zip Code

34769

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

Glenn E Wasman

Glenn E Wasman

4/24/00

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	D	<input type="checkbox"/> Delete
NAME	WASMAN, GLENN E	
STREET ADDRESS	1820 FOXHALL CIR	
CITY-ST-ZIP	KISSIMMEE FL 34741	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	owner (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wasman, Glenn E	
STREET ADDRESS	4412 Lake Trudy Dr	
CITY-ST-ZIP	St Cloud FL 34769	
TITLE	owner (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenn, Kathleen M.	
STREET ADDRESS	4606 Lake Trudy Dr	
CITY-ST-ZIP	St Cloud FL 34769	
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:

Glenn E Wasman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

407/892-4154

Daytime Phone #

CR2E034 (9/99)