

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023587

1. Entity Name

BABY BOOMERS COLLECTIBLES, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90015 050 ***150.00

Principal Place of Business

4446 HENDRICKS AVENUE
UNIT 117
JACKSONVILLE FL 32207

Mailing Address

4446 HENDRICKS AVENUE
UNIT 117
JACKSONVILLE FL 32207

2. Principal Place of Business

12561 Philip Hwy

Suite, Apt. #, etc.
JACKSONVILLE

City & State
FL

Zip
32256

Country
Duvol

3. Mailing Address

12561 Philip Hwy

Suite, Apt. #, etc.
JACKSONVILLE

City & State
FL

Zip
32256

Country
Duvol



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3561272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Barbara L Milano

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/2001

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MILANO, BARBARA L
4446 HENDRICKS AVENUE
JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Barbara L Milano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara L Milano 3/19/2001

Date

Daytime Phone #

(904) 399-2609

CR2E034 (10/00)