

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
 04-14-2000 90127 018 ***150.00

DOCUMENT # P99000037409

1. Entity Name

COLLECTOR'S CLICK, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 62
 DOCTOR'S INLET FL 32030

POST OFFICE BOX 62
 DOCTOR'S INLET FL 32030-0062

00001400

2. Principal Place of Business

1545 Highland View Ct
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 62
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orange Park FL

City & State

Dr. Inlet

4. FEI Number

59-3577376

Applied For

☐ Not Applicable

Zip

Country

32073

CLAY

Zip

32030

Country

CLAY

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

THOMPSON, WILLIAM L JR.
2301 PARK AVENUE
SUITE 404
ORANGE PARK FL 32073

Name
John F. Tolson, Jr.

Street Address (P.O. Box Number is Not Acceptable)
2301 Park Ave. Suite 406

City
Orange Park

FL

Zip Code
32073

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KENDZIERSKI, WILLIAM**
 CITY-ST-ZIP **POST OFFICE BOX 62 N/A**
DOCTOR'S INLET FL 32030

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KENDZIERSKI, VIRGINIA**
 CITY-ST-ZIP **POST OFFICE BOX 62 N/A**
DOCTOR'S INLET FL 32030

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/00 (904) 215-3505
 Date Daytime Phone #

CR2E034 (9/99)