

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000062965**1. Entity Name  
NUMISMATIC CORPORATION

## Principal Place of Business

2045 PARKSIDE CIR SOUTH

BOCA RATON  
334868570

FL

## Mailing Address

P O BOX 272919

BOCA RATON  
334272919

FL

2. Principal Place of Business  
5115 NORTH SOCRUM LOOP3. Mailing Address  
5115 NORTH SOCRUM LOOPSuite, Apt. #, etc.  
197Suite, Apt. #, etc.  
197

DO NOT WRITE IN THIS SPACE

City & State  
LAKELAND FLCity & State  
LAKELAND FL4. FEI Number  
**65-0936568**Applied For  
Not ApplicableZip  
33809

Country

Zip  
33809

Country

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

MILLER TODD M  
2045 PARKSIDE CIR SOUTHBOCA RATON  
334868570

FL

US

Name  
MILLER TODD MStreet Address (P.O. Box Number is Not Acceptable)  
5115 NORTH SOCRUM LOOP

197

City  
LAKELAND

FL

Zip Code  
33809

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 **TODD MARTIN MILLER****04/30/2000**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR MILLER TODD MPRES. 5115 NORTH SOCRUM LOOP #197 LAKELAND FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Todd Martin Miller

MR 04/30/2000