

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000078052**

1. Entity Name

COLLECTIBLES OF S.W. FLORIDA, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90091 036 ***150.00

Principal Place of Business

**9915 TAMiami TRAIL NORTH
SUITE 2
NAPLES FL 34108**

Mailing Address

**145 E NORTSHORE AVE
FORT MYERS FL 33917****00009513**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3596215		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent**LAMB, JEFFREY R
9915 TAMiami TRAIL NORTH
SUITE 2
NAPLES FL 34108****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

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	PEDEN, GABY M	
STREET ADDRESS	145 E. NORTH SHORE AVENUE	
CITY-ST-ZIP	N. FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEDEN, GLENN O	
STREET ADDRESS	145 E. NORTH SHORE AVENUE	
CITY-ST-ZIP	N. FORT MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gaby M. Peden **Gaby M. Peden** **1-9-01** **9419973781**

CR2E034 (10/00)