

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90902 006 \*\*\*150.00

**DOCUMENT # P99000078052**

1. Entity Name  
**COLLECTIBLES OF S.W. FLORIDA, INC.**



Principal Place of Business  
**9915 TAMiami TRAIL NORTH  
SUITE 2  
NAPLES FL 34108**

Mailing Address  
**145 E NORTHSHORE AVE  
FORT MYERS FL 33917**

**10031268**



2. Principal Place of Business

3. Mailing Address

**145 E. Northshore Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**N. Ft. Myers**

4. FEI Number **59-3596215**

Applied For

Not Applicable

Zip

Country

Zip

Country

**FL**

**33917**

**33917**

**33917**

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

**LAMB, JEFFREY R  
9915 TAMiami TRAIL NORTH  
SUITE 2  
NAPLES FL 34108**

Name

**John E. Stamps**

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

**9541-5 Cypress Lake Dr.**

City

**Ft. Myers**

**FL**

Zip

**33919**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**John E. STAMPS**

**27 FEB 2003**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

**SIGNATURE**

**Gaby M. Peden**

**2-26-03**

**239 656 5661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)