

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90635 011 ***150.00

DOCUMENT # P99000079855

1. Entity Name

ODDS & ENDS COLLECTOR'S DEN, INC. ✓

Principal Place of Business

1959 BLANDING BLVD.
JACKSONVILLE, FL 32210

Mailing Address

1959 BLANDING BLVD.
JACKSONVILLE, FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3596838

Applied For
Not Applicable5. 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

SPEIGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES, FL 33134

Name TALBOT A. PARKER

Street Address (P.O. Box Number is Not Acceptable)
4611 BLACKBURN RD.

City JACKSONVILLE, FL

Zip Code 32210

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐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	PTD	☐ Delete
NAME	PARKER, TALBOT A.	
STREET ADDRESS	1959 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	

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

TITLE	VD	☐ Delete
NAME	PARKER, F. JAMES	
STREET ADDRESS	1959 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	

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

TITLE	S	☐ Delete
NAME	PARKER, YVONNE L.	
STREET ADDRESS	1959 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ 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)(f), 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

Talbot A. Parker

04/27/01

904-219-0705

CR2E034 (11/00)