2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$27437 1. Entity Name

AMERICAN COLLECTABLES, INC.

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP

8226 TANSY DR TANSY DR

Mailing Address

Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90205 036 ***150.00

CTLANDO FL 32819		ORLANDO FL 32819-4521				6047	. . 	H B luhi (Bh i
2. Principal Place of Business		3. Mailing Address			_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPACE		
City & State		City & State	City & State		4. F	59-3043738		plied For at Applicable
Zip	Country	Zip	Zip Count		5. (Certificate of Status Desired	\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent			7. N	Name and Address of New Registered	Agent	
			<u> </u>	Name				
8226	DHOE JR, ROBERT J. TANSY DR ANDO FL 32819	m.e.		Street Addres	ss (P.O. B	ox Number is Not Acceptable)		
ONU	MDO 1 E 32019			City			Zip Cod	e
	named entity submits this statement for			L				
9. This corpo	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)		/!!! FEE		0	10. Election Campaign Financing	\$5.0	O May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AN	OD DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRUDHOE, ROBERT J JR 8226 TANSY DR ORLANDO FL	☐ Delete		I .			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dēletē →		1			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE		□ Delete	TITL	E			☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS

ROBERT J. PRUDHPE JR.

and 14, 2000 407-352-4042
Daytime Phone #