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## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 11, 2002 8:00 am V16138 **DOCUMENT #** Secretary of State 01-11-2002 90018 016 \*\*\*150.00 THE J.C. COLLECTION, INC. Mailing Address Principal Place of Business 22124 PALMS WAY #102 22124 PALMS WAY **BOCA RATON FL 33433** #102 BOCA RATON FL 33433 US US 3. Mailing Address 2, Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0341551 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZIMMER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 22124 PALMS WAY #102 **BOCA RATON FL 33433** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) CHANGES TO OFFICERS AND DIRECTORS IN 11 ADDITIONS OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Addition TITLE ZIMMER, JEFFREY NAME NAME 22124 PALMS WAY #102 STREET ADDRES STREET ADDRESS BOCA RATON FL CITY-ST-ZIP ☐ Delete TITLE TITLE COHEN, CINDY NAME NAME 22124 PALMS WAY #102 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADORESS 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.