

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90011 035 \*\*\*\*61.25

**DOCUMENT # N03029**

1. Entity Name

**FLORIDA ANTIQUE BUCKET BRIGADE, INC.**

Principal Place of Business

Mailing Address

**% JAMES BRIGGS  
 6855 GREEN SWAMP RD  
 CLERMONT FL 34711  
 US**

**%JAMES BRIGGS  
 6855 GREEN SWAMP RD  
 CLERMONT FL 34711  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0066578**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRIGGS, JAMES  
 6855 GREEN SWAMP RD  
 CLERMONT FL 34711**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	<b>CZAPLICKI, RON</b>	<b>310 SW 70 TERR</b>	<b>PEMBROKE PINES FL 33023</b>	<input type="checkbox"/>
DV	<b>PEIFFER, HOWARD</b>	<b>46 CORMORANT CT.</b>	<b>PALM COAST FL 32137</b>	<input type="checkbox"/>
SD	<b>BRIGGS, JAMES</b>	<b>6855 GREEN SWAMP ROAD</b>	<b>CLERMONT FL</b>	<input type="checkbox"/>
TD	<b>GILL, PAM</b>	<b>RR #1 BOX 69</b>	<b>EAST PALATKA FL 32131</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	<b>TD</b>	<b>GILL, PAM</b>	<b>265 TURNER RD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<b>EAST PALATKA, FL 32131</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CRE037 (9/01)

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 617, 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 empowered.

**SIGNATURE:** James Briggs  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 13, 2002 (352)394-8709**  
 Date Daytime Phone #