FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90828 019 ***150 00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P93000038448							
1. Entity Name AXE ANTIQUES, INC.							
					ពន្ធរ		
	ce of Business	Mailing Address 275 ALT A1A					
275 ALT A1A SUITE 130	`	SUITE 130					
JUPITER, FL	33477 US	JUPITER, FL 33477 US		i je kije bi je je je skij belij selij se	111 20164 (1121 1 2 111 212 11	BIUUL (E); (E2)	
2. Principal Place of Business 3. Malting Address 3. Malting Address 3. Malting Address 3. Malting Address			hu no.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		GHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number Applied For			
	Lesta FL	Tequesta	FL COUNTRY	65-0415486		of Applicable	
3340	A USA	33469	USA	5. Certificate of Status Desired	S8.75 Add		
5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
AXELROD, ROBERT M STG ALTERNATE ATA 1817 SE Laurel Leaf L. Street Address (P.O. Box Number is Not Acceptable)							
JURITER, EL 33477 TEQUESTA, PL 33469							
	,		City		FL Zip Cod	e	
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 obligation of geggered agent.							
SIGNATURE Signalum, typodron and transport for the College Section of Registration (NOTE: Registrated Agents signature required when reinstating) OATE							
	FILE NOWIFI FEE'IS \$150.00			9. Election Campaign Finar	eina \$5.0	O May Be	
	r Mry 1, 2003 Fee Will be \$550.00 k Payable to Florida Department (of State		Trust Fund Contribution.	- - -	to Fees	
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE	B	☐ Delete	TITLE		Change	☐ Addition 6	
NAME STREET ADDRESS	AXELROD, ROBERT M 18117 SE LAUREL LEAF LN		NAME STREET ADDRESS			15	
CITY-ST-2IP	TEGUESTA, FL 33469		CITY-ST-2IP			[3]	
TITLE	D	☐ Delete	TITLE		☐ Change	Addition CO	
NAME	AXELROD, REBECCA C		NAME CTUTET ADDRESS			١	
STREET ADDRESS CITY-ST-ZIP	18117 SE LAUREL LEAF LN TEQUESTA, FL 33469		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS		-	1	
CITY-ST-ZP	 	- <u>-</u>	City-St-ZIP				
TITLE NAME		: Delete	TITLE NAME		Change	Addition	
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CITY-ST-ZIP			CITY-ST-2IP				
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STREET ADDRESS	}		STREET ADDRESS			}	
CITY-ST-2P			CITY-ST-2IP				
TITLE	,	☐ Delete	1ff LE		Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZP			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 affacting ment with an address, with all other like empowered.							
take (M) as low							
SIGNATURE: SIGNATURE AND TYPED OR PRINT ED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNATURE AND TYPED OR PRINT ED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNATURE AND TYPED OR PRINT ED NAME OF SIGNING OFFICER OR DIRECTOR							