

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90038 029 \*\*\*150.00

**DOCUMENT # 302306**

1. Entity Name  
**INA'S ANTIQUES, INC**

Principal Place of Business  
**2935 CORINTHIAN AVE**  
**JACKSONVILLE FL 32210**  
**US**

Mailing Address  
**2935 CORINTHIAN AVE**  
**JACKSONVILLE FL 32210**  
**US**

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 **59-1117986**

Applied For

Not Applicable

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

**MOWRY, MARY K.**  
**3638 HEDRICK ST.**  
**JACKSONVILLE FL 32205**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. **FILE NOW!!! FEE IS \$150.00** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PID MOWRY, MARY K</b>	<input type="checkbox"/> Delete
NAME	<b>MOWRY, MARY K</b>	
STREET ADDRESS	<b>3638 HEDRICK ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>SD COLIER, THERESA MOWRY</b>	<input type="checkbox"/> Delete
NAME	<b>COLIER, THERESA MOWRY</b>	
STREET ADDRESS	<b>4737 KING RICHARD RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>D ETTERS, MELANIE M</b>	<input type="checkbox"/> Delete
NAME	<b>ETTERS, MELANIE M</b>	
STREET ADDRESS	<b>3506 DUNDALK</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D JENKINS, LAURA M</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JENKINS, LAURA M</b>	
STREET ADDRESS	<b>11705 WEST CAP LANE</b>	
CITY-ST-ZIP	<b>HOMOSASSA FL 34448</b>	
TITLE	<b>D MOWRY, LAURA</b>	<input type="checkbox"/> Delete
NAME	<b>MOWRY, LAURA</b>	
STREET ADDRESS	<b>1142 GLENMOON CT</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	
TITLE	<b>D MOWRY, HENRY P.</b>	<input type="checkbox"/> Delete
NAME	<b>MOWRY, HENRY P.</b>	
STREET ADDRESS	<b>2819 SAN TROPEZ CT</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D MOWRY, LAURA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOWRY, LAURA</b>	
STREET ADDRESS	<b>3638 HEDRICK ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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.

**SIGNATURE:** *Mary K. Mowry* **MARY K. MOWRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 4, 2002* **904-387-1379**

Date Daytime Phone #

CR2E034 (9/01)