

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 642595

1. Entity Name  
VILLAGE ANTIQUES, INC.

FILED  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90157 022 \*\*\*150.00

Principal Place of Business

4323 EL PRADO BLVD  
TAMPA FL 33629  
US

Mailing Address

200 N FLA AVE  
WAUCHULA FL 33629  
US

2. Principal Place of Business

2501-S. TAMiami TRAIL

3. Mailing Address

2501-S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA, FL

4. FEI Number 59-1956363

Applied For

Not Applicable

Zip

34239

Country

Zip

34239

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KROLL, M JOAN  
200 N FLORIDA AVE  
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

Name FORAN, DAVID S.

Street Address (P.O. Box Number is Not Acceptable)

2501-S. TAMiami TRAIL

City SARASOTA

FL

Zip Code 34239

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 *David S. Foran*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/02

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. OFFICERS AND DIRECTORS

TITLE PD  
NAME MORAN, SHERIDAN J.  
STREET ADDRESS 4114 CARROLLWOOD VILL DR  
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE VP  
NAME MORAN, NANCY M.  
STREET ADDRESS 4114 CARROLLWOOD VILL DR  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE ST  
NAME KROLL, M J  
STREET ADDRESS 200 N FLA AVE  
CITY-ST-ZIP WAUCHULA FL 33873 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MORAN, JEFF  
STREET ADDRESS 9448 RAFFORD LN  
CITY-ST-ZIP WEST BLOOMFIELD, MI 48322 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 313-667-8917

Date

Daytime Phone #

CR2E034 (9/01)