

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H23552

1. Entity Name  
TIMES SQUARE ANTIQUES, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90253 029 \*\*\*150.00

Principal Place of Business  
425 NE 21 ST  
WILTON MANORS FL 33305  
US

Mailing Address  
425 NE 21 ST  
WILTON MANORS FL 33305  
US

2. Principal Place of Business  
1100 E. OAKLAND PARK BLVD.  
Suite, Apt. #, etc. SUITE 104

3. Mailing Address  
1100 E. OAKLAND PARK BLVD.  
Suite, Apt. #, etc. 104

City & State  
OAKLAND PARK, FLA

City & State  
OAKLAND PARK FL

Zip  
33334

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0056309

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PEARCE, DAVID  
425 NE 21 ST  
WILTON MANORS  
David L. Pearce C.P.A.  
1100 E. Oakland Pk. Blvd.  
Suite 104  
Oakland Park, FL 33334

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
State  
Zip

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, 2001 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			12. ADDITIONAL OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	David L. Pearce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, DAVID		NAME	1100 E. Oakland Pk. Blvd.	
STREET ADDRESS	425 NE 21 ST		STREET ADDRESS	Suite 104	
CITY-ST-ZIP	WILTON MANORS FL		CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: David L. Pearce DAVID L. PEARCE, PRESIDENT, 4/19/01 954-564-3271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)