

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78277

1. Entity Name

ABS ANTIQUES COMPANY

Principal Place of Business

44 S E 1ST AVE
#213
OCALA FL 34471
US

Mailing Address

P O BOX 2513
OCALA, FL
US 34478-2513

2. Principal Place of Business

3. Mailing Address

P O Box 2513

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ocala, FL

Zip

Country

Zip
34478-2513 US

4. FEI Number 59-2592760

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

SIKORSKI, JOHN
44 S E 1ST AVE
SUITE A
OCALA FL 34471

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, 2000 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SIKORSKI, JOHN
44 SE 1ST AVENUE
OCALA FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Office 213 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SIKORSKI, LORRAINE F.
44 SE 1ST AVE
OCALA FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Office 213 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90124 022 ***158.75

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DO NOT WRITE IN THIS SPACE

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