# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# H78277

**Entity Name:** ABS ANTIQUES COMPANY

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2513
OCALA, FL 344782513 US

**New Mailing Address:**

**FEI Number: 59-2592760** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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: JOHN E. SIKORSKI 04/30/2002
Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: SIKORSKI, JOHN,
Address: 44 SE 1ST AVE OFFICE 213
City-St-Zip: OCALA, FL 34471

Title: DV ( ) Delete
Name: SIKORSKI, LORRAINE F, .
Address: 44 SE 1ST AVE OFFICE 213
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE F. SIKORSKI DV 04/30/2002
Electronic Signature of Signing Officer or Director Date