

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90033 020 \*\*\*\*50.00

**DOCUMENT # L02000012228**



1. Entity Name  
**TEAK ANTIQUE FURNITURE, LLC**

Principal Place of Business

**20961 WOODSPRING AVE.  
BOCA RATON FL 33428**

Mailing Address

**20961 WOODSPRING AVE.  
BOCA RATON FL 33428**

**20023431**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**880 N. Federal Hwy**

Suite, Apt. #, etc.

3. Mailing Address

**20961 WoodSpring Ave**

Suite, Apt. #, etc.

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33432**

Country

**USA**

Zip

**FL 33428**

Country

**USA**

4. FEI Number

**01-0698950**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JONES, STANLEY  
20961 WOODSPRING AVE.  
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President (MGRM)  
Monica Jones** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President MGRM  
Stephen R. Jones  
20961 WoodSpring Ave  
Boca Raton, FL 33428** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary (MGRM)  
Stanley Jones  
20961 WoodSpring Ave  
Boca Raton, FL 33428** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer (MGRM)  
Jamie Jones  
9975 B Boca Gardens Trl  
Boca Raton, FL 33496** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** **Jamie Jones**  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/6/03 561-445-1532**

Date

Daytime Phone #

CR2E083 (10/02)