

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N99000002866

1. Entity Name

JOHN AND MARGARET CANTRELL ANTIQUES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

03-20-2000 90056 012 ****61.25

Principal Place of Business

7729 S. DIXIE HIGHWAY
WEST PALM BEACH FL 33405

Mailing Address

7729 S. DIXIE HIGHWAY
WEST PALM BEACH FL 33405-4817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0916683

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

CANTRELL, JOHN
 7729 S. DIXIE HIGHWAY
 WEST PALM BEACH FL 33405

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PVP
 NAME CANTRELL, JOHN R
 STREET ADDRESS 628 FERNWOOD DR. WEST
 CITY-ST-ZIP WEST PALM BEACH FL 33405

☐ Delete

TITLE D
 NAME CANTRELL, JOHN R
 STREET ADDRESS 628 FERNWOOD DR. WEST
 CITY-ST-ZIP WEST PALM BEACH FL 33405

☐ Delete

TITLE D
 NAME CANTRELL, MARGARET P
 STREET ADDRESS 628 FERNWOOD DR.
 CITY-ST-ZIP WEST PALM BEACH FL 33405

☐ Delete

TITLE T
 NAME REUTZ, Rebecca
 STREET ADDRESS 628 FERNWOOD DR.
 CITY-ST-ZIP WEST PALM BEACH FL 33405

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE
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 CITY-ST-ZIP

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

SIGNATURE: JOHN R. CANTRELL

3/15/00

561-588-8001

CR2E037 (9/99)