

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90173 034 ***150.00

DOCUMENT # P00000021068

1. Entity Name
ANTIQUE SAMPLER, INC.

Principal Place of Business

Mailing Address

~~10499 WOODLAND WATERS BLVD.~~
~~WEEKI WACHEE FL 34613~~

~~10499 WOODLAND WATERS BLVD.~~
~~WEEKI WACHEE FL 34613~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3151 Main St

11384 Kingstree Ct

City & State

City & State

BROOKSVILLE FL

Spring Hill FL

Zip

Country

Zip

Country

34601

USA

34609

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, MARY EVELYN

~~10499 WOODLAND WATERS BLVD.~~

~~WEEKI WACHEE FL 34613~~

Name

Street Address (P.O. Box Number is Not Acceptable)

11384 Kingstree Ct

Spring Hill

City

FL

Zip Code

34609

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 *Mary Evelyn Duncan*

2-4-02

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, 2002 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 ☐ Delete
 NAME **D**
DUNCAN, MARY EVELYN
 STREET ADDRESS ~~10499 WOODLAND WATERS BLVD.~~
 CITY-ST-ZIP ~~WEEKI WACHEE FL 34613~~

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **11384 Kingstree Ct**
 CITY-ST-ZIP **Spring Hill FL 34609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Mary Evelyn Duncan

2-4-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY EVELYN DUNCAN

Date

Daytime Phone #

CR2E034 (9/01)