

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041192

1. Entity Name
SINDELAR & O'BRIEN ANTIQUES & DESIGN, INC.

Principal Place of Business
1515 SUMMIT AVE.
MT. DORA FL 32757

Mailing Address
1515 SUMMIT AVE.
MT. DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Same
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State
Same

City & State
Same

Zip Country
Same LAKE

Zip Country
Same LAKE

6. Name and Address of Current Registered Agent

SINDELAR, ROBERT L
1515 SUMMIT AVE.
MT. DORA FL 32757

4. FEI Number 59-2762316

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE D
NAME SINDELAR, ROBERT L
STREET ADDRESS 1515 SUMMIT AVE.
CITY-ST-ZIP MT. DORA FL 32757 ☐ Delete

TITLE D
NAME SINDELAR, SHEILA
STREET ADDRESS 1515 SUMMIT AVE.
CITY-ST-ZIP MT. DORA FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Robert L. Sindelar 1/4/02 (352) 383-0859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90005 012 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)