

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043351

1. Entity Name
KNIGHTSBRIDGE ANTIQUES, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90360 042 ***158.75

Principal Place of Business
3119 W. EMPEDRADO STREET
TAMPA FL 33629

Mailing Address
3119 W. EMPEDRADO STREET
TAMPA FL 33629

2. Principal Place of Business
3208 Bay to Bay Blvd.

3. Mailing Address
3119 W. Empedrado St.

Suite, Apt. #, etc.
Tampa, Fla.

Suite, Apt. #, etc.
Tampa, Fla.

City & State
Tampa, Fla.

City & State
Tampa, Fla.

Zip
33629

Country
Hillsborough

4. FEI Number
593642746

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

BUDINSCAK, ERIN
3119 W. EMPEDRADO STREET
TAMPA FL 33629

Name
BudinSCAK, John
Street Address (P.O. Box Number is Not Acceptable)
3119 W. Empedrado St.

City
Tampa, Fla.

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 *John Budin* John BudinSCAK 2/27/01
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, 2001 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 | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUDINSCAK, ERIN | | NAME | | |
| STREET ADDRESS | 3119 W. EMPEDRADO STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33629 | | CITY-ST-ZIP | | |
| TITLE | Director, President | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BudinSCAK, John | | NAME | | |
| STREET ADDRESS | 3119 W. Empedrado St. | | STREET ADDRESS | | |
| CITY-ST-ZIP | Tampa, Fla 33629 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *John Budin* 2/27/01 813-839-6881
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)