2003 FOR PROFIT CORPORATION

FILED Aug 12, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P00000064818 DOCUMENT # 1. Entity Name 08-12-2003 90018 031 ***150.00 EIGHTY ONE MAIN ANTIQUES, INC. Mailing Address Principal Place of Business 164 SUN ISLE CIRCLE 164 SUN ISLE CIRCLE TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3654936 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEENEY. JOHN J Street Address (P.O. Box Number is Not Acceptable) 164 SUN ISLE CIRCLE Treasure Island FL 33706 City 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TIT! F FEENEY, JOHN J NAME NAME 164 SUN ISLE CIRCLE STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ 🔲 Addition TITLE Delete_ 👡 🔲 Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment ather like empowered

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

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TITLE

NAME STREET ADDRESS

☐ Delete

Change

Addition

To: Florida Department of State School Eighty One Main Antigoes Inc. 2003 From John J. Feeney 78013 I did not receive my form for tiling and assumed my accountant in Floride had filed it. I am located in Maine In the sunner and make a change of address" each spring. I actually do not Know when the forms one sent of but I recently received the envelope with the form with a Change of address label, dated 7/05/03 and of Course the filing date of May 1st 2003 has passed. I am inclosing my check for 15000 and hope this explanation will De OR 25 the outomated voice mail Respontfully FE | Nomber 59-3654936 TEL. No. 207-268-2890