## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P0000093603 1. Entity Name 05-15-2001 90194 046 \*\*\*150.00 DAYS GONE BY ANTIQUES & UNIQUES INC. Principal Place of Business Mailing Address 116 W. BEVERLY RD. 116 W. BEVERLY RD. TEQUESTA FL 33469 TEQUESTA FL 33469 00066655 3. Mailing Address 126 Center St. 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Piter 105-1044620 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIVET, DENISE G Street Address (P.O. Box Number is Not Acceptable) 116 W. BEVERLY RD. **TEQUESTA FL 33469** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 : 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Change ☐ Delete TITLE DENISE G. NAME NAME TEQUESTA, FL 33469 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ₩ddition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_ 🔲 Change Addition. Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.