

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-06-2001 90253 042 ***150.00

DOCUMENT # P00000099420

1. Entity Name
THEN AND AGAIN CONSIGNMENT, INC.

Principal Place of Business
2761 VILLAGE BLVD., UNIT 403
W. PALM BCH FL 33409

Mailing Address
2761 VILLAGE BLVD., UNIT 403
W. PALM BCH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
751 Northlake Blvd.

3. Mailing Address
751 Northlake Blvd.

Suite, Apt. #, etc.
Suite # 4

Suite, Apt. #, etc.
Suite # 4

City & State
North Palm Beach, FL

City & State
North Palm Beach, FL

4. FEI Number
65-1057954

Applied For
☐ Not Applicable

Zip
33408

Country
Palm Beach

Zip
33408

Country
Palm Beach

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

6. Name and Address of Current Registered Agent
EZELL, PATRICIA
2761 VILLAGE BLVD., UNIT 403
W. PALM BCH FL 33409

7. Name and Address of New Registered Agent
 Name **Ezell, Patricia**
 Street Address (P.O. Box Number is Not Acceptable)
751 Northlake Blvd.
Suite # 4
 City **North Palm Beach, FL** Zip Code **33408**

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD EZELL, PATRICIA 2761 VILLAGE BLVD., UNIT 403 W. PALM BCH FL 33409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD EZELL, KARL W 2761 VILLAGE BLVD., UNIT 403 W. PALM BCH FL 33409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change IN Address Only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 751 Northlake Blvd. Suite # 4 North Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change IN Address Only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 751 Northlake Blvd. Suite # 4 North Palm Beach, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.

SIGNATURE: **Patricia Ezell - Patricia Ezell** 1-29-01 (561) 844-4044
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)