

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102841

1. Entity Name

PARK PLACE ANTIQUES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90215 032 ***150.00

0517937

Principal Place of Business Mailing Address
12221 MAIN STREET 12221 MAIN STREET
SAN ANTONIO FL 33576 SAN ANTONIO FL 33576

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. PO Box 1224
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SAN ANTONIO FL

Zip Country Zip Country
33576 USA

4. FEI Number Applied For
59-3687543 Not Applicable

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
NEWLON, JONATHAN W
14050 OLD MISSION ROAD
DADE CITY FL 33525
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, 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 type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, ELIZABETH A		NAME		
STREET ADDRESS	P.O. BOX 31		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO FL 33576		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, L. WINIFRED		NAME		
STREET ADDRESS	P.O. BOX 763		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO FL 33576		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALVERT, BRUCE L		NAME		
STREET ADDRESS	P.O. BOX 763		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO FL 33576		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: Elizabeth A. Burke ELIZABETH A. BURKE 4/26/01 352-588-3081
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)