

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90529 031 ***150.00

DOCUMENT # P01000006809

1. Entity Name
ANTIQUE & CLASSIC CHARTERS, INC.



Principal Place of Business
**2401 N.E. 36 ST. #105
LIGHTHOUSE POINT FL 33064**

Mailing Address
**2401 N.E. 36 ST. #105
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1063376**

Applied For
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

**BATES, WILLIAM L JR.
2401 N.E. 36 ST. #105
LIGHTHOUSE POINT FL 33064**

Name
TORRES, JAMES L
Street Address (P.O. Box Number is Not Acceptable)
PLATT, JACOBUS, FIELDING, TORRES ET AL
1900 W. NEW HAVEN AVE, SUITE 201
City
MELBOURNE FL Zip Code
32904

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 **JAMES L. TORRES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-installing)

James L. Torres

DATE **4/23/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD BATES, WILLIAM L JR. [Delete]
2401 N.E. 36 ST. #105
LIGHTHOUSE POINT FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM L. BATES, JR. PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/19/03** DAYTIME PHONE # **(954) 464-4170**

CR2E034 (10/02)