

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90013 021 ***158.75

DOCUMENT # P01000007835

1. Entity Name
CLADDAGH ANTIQUES, INC.

Principal Place of Business

**10389 159TH COURT NORTH
JUPITER FL 33478**

Mailing Address

**10389 159TH COURT NORTH
JUPITER FL 33478**

2. Principal Place of Business

605 Colorado Ave

3. Mailing Address

605 Colorado Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart Florida

City & State

Stuart, Florida

4. FEI Number

65-1073259

Applied For

Not Applicable

Zip Country
34994 Martin

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

**MCKENZIE, KATHLEEN A
10389 159TH COURT NORTH
JUPITER FL 33478**

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 *Kathleen A. McKenzie*, *Kathleen A. McKenzie*, *President* *1-23-02*

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, 2002 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MARSDEN, DIANE	
STREET ADDRESS	10389 159TH COURT NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCKENIZE, KATHLEEN A	
STREET ADDRESS	10389 159TH COURT NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert W. McKenzie	
STREET ADDRESS	10389 159th Cr. N.	
CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McKenzie, Kathleen A	
STREET ADDRESS	10389 159th Cr. N.	
CITY-ST-ZIP	Jupiter, FL 33478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: *Kathleen A. McKenzie*, *Kathleen A. McKenzie*, *Pres* *1-23-02* *561-220-9122*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)