

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000022472

1. Entity Name

ALAN'S ANTIQUES, INC.

Principal Place of Business

435 S. RIDGEWOOD AVE., #210 ~~Delete~~
DAYTON BCH FL 32114

Mailing Address

435 S. RIDGEWOOD AVE., #210
DAYTON BCH FL 32114

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

59-3698394

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELUS, ALLEN
435 S. RIDGEWOOD AVE., #210 ~~Delete~~
DAYTON BCH FL 32114

7. Name and Address of New Registered Agent

Name Alan Parsons

Street Address (P.O. Box Number is Not Acceptable)

170 Centennial Lane

City Daytona Beach

FL

Zip Code

32119

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

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

ALAN H. PARSONS

3/25/02

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

TITLE President
NAME Alan Parsons
STREET ADDRESS 170 Centennial Lane
CITY-ST-ZIP Daytona Beach FL 32119

TITLE Vice President
NAME John Paulsen
STREET ADDRESS 170 Centennial Lane
CITY-ST-ZIP Daytona Beach FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CR2E034 (9/01)

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:

Alan H. Parsons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN H. PARSONS

Date

3/25/02

Daytime Phone #

386-68-1009

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

05-19-2002 90174 034 ***150.00



DO NOT WRITE IN THIS SPACE