1/8/02-90005-031

FILED
Mar 28, 2002 8:00 am
Secretary of State

01-08-2002 90005 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023032

1. Entity Name
PARANORMAL OBJECTS OF ANTIQUITY, INC.

Principal Place of Business	Mailing Address
750 SW 133RD TERR #112 PEMBROKE PINES FL 33027	750 SW 133RD TERR #112 PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
750 SW 133 TERRACE	750 SW 133 TERRACE
Suite, Apt. #, etc. KINGSLEY C-112#	Suite, Apt. #, etc. KINGSLEY C-112#
City & State HOLLYWOOD FL.	City & State HOLLYWOOD FL.
Zip 33027 Country USA.	Zip 33027 Country USA

4. FEI Number 65-1106218 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~STUPARITZ, ALAN P~~
~~900 E ATLANTIC BLVD STE 17~~
~~POMPANO BEACH FL 33060~~

GUY STRUM
8181 WEST
BROWARD BLVD.
PLANT. 33322

7. Name and Address of New Registered Agent

Name GUY STRUM
Street Address (P.O. Box Number is Not Acceptable) PHONE 262-2387
8181 W. BROWARD BLVD.
City PLANTATION FL Zip Code 33322

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 William Cody / WILLIAM CODY 3/4/02 1/4/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CODY, WILLIAM J 750 SW 133RD TERR #112 PEMBROKE PINES FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD CODY, VICKI 750 SW 133RD TERR #112 PEMBROKE PINES FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: William Cody WILLIAM CODY 954-704-0562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #