2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name MARIE'S ANTIQUES AND TREASURES, INC. Principal Place of Business 6197 NW 90 AVE Mailing Address 6197 NW 90 AVE	2003 F WUNIFOR	OR PROM M BUSIN	FIT CORPOR IESS REPOR	T (U	BR)	Jan 21, 2003 8:00 am	
MARIE'S ANTIQUES AND TREASURES, INC. Principal Place of Business 6197 NW 90 AVE PARKLAND FL 33067						Secretary of State 01-21-2003 90134 025 ***150.00	
8197 NW 90 AVE PARKLAND FL 33067 2. Principal Place of Business Suite: Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite: Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite: Apt. #, etc. Check Here IF MAKING CHANGES City & State City & State City & State Check Here IF MAKING CHANGES Zip Country Zip Country 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 Pee Required 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) EBMEIER, PENNY 6197 NW 90 AVE PARKLAND FL 33067 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature speaked agent and title if applicable (NOTE Registered Agent services registered agent) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Nake Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIREMEER, PENNY SIREMER PENNY SIREMAND FL 33067 Delete NAME SIREMANDESS CITY-ST-20P ARKLAND FL 33067 Change Addition TITLE NAME SIREMER, PENNY SIREMAND FL 33067 Delete NAME SIREMAND FL 33067 Change Addition TITLE NAME SIREMER PENNY SIREMAND FL 33067 Change Addition TITLE NAME SIREMER PENNY SIREMAND FL 33067 Change Addition TITLE NAME SIREMAND FL 33067 Change A	MARIE'S ANTIQUE	ES AND TREASU	JRES, INC.				
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6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature. hyped or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when rematating) Pale FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD Delete NAME BIBLER, PENNY SIRRET ADDRESS 6197 NW 90 AVE PARKLAND FL 33067 Delete TITLE NAME NAME NAME NAME NAME Delete TITLE NAME NAME NAME NAME NAME NAME NAME Delete TITLE NAME NAM	City & State		City & State			4. FELINGINUE CE 1100770	
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CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME"

Delete

CITY-ST-ZIP 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NAME

STREET ADDRESS

PENNY ELMEIER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03

FILED

☐ Addition

☐ Change