

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90116 022 ***158.75

DOCUMENT # **PO 1000083978**

1. Entity Name

Opie's Emporium, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

157 US Hwy 1, NORTH

Suite, Apt. #, etc.

3. Mailing Address

POSTAL DRAWER 2026

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TEQUESTA, FL

Zip

33469

Country

USA

City & State

JUPITER, FL

Zip

33468

Country

USA

4. FEI Number

65-1141638

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAYNES, DAVID A.

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

120 S. OLIVE AVE, STE 702

City

WEST PALM BEACH

FL

Zip Code

33401

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAYNE, STEPHEN 157 US HWY 1 NORTH TEQUESTA, FL. 33469	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen Payne (6-29-03)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-03

Date

(561) 748 4001

Daytime Phone #

CR2E034B (12/02)