

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90326 034 ***158.75

DOCUMENT # P01000095349

1. Entity Name
JERNIGAN'S ANTIQUE MALL, INC.

Principal Place of Business

210 MARGARET STREET
MILTON FL 32570

Mailing Address

210 MARGARET STREET
MILTON FL 32570



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6776 CAROLINE ST** **3. Mailing Address** **6776 CAROLINE ST**

Suite, Apt. #, etc. **MILTON FL 32570** **Suite, Apt. #, etc.** **MILTON**

City & State **MILTON, FL 32570** **City & State** **MILTON FL**

Zip **32570** **Country** **S.R.** **Zip** **32570** **Country** **S.R.**

4. PBT Number **59-3746394** **Applied For**
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JERNIGAN, STEPHEN L
210 MARGARET STREET
MILTON FL 32570

7. Name and Address of New Registered Agent

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | Pres - Sec. - Treas Stephen L. Jernigan 1886 Schnoor Rd. Jay, FL 32565 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Stephen L. Jernigan **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 **(850) 450-1448**
Date Daytime Phone #

CR2E034 (9/01)