

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90107 023 \*\*\*550.00

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**DOCUMENT # P01000102900**

1. Entity Name

**LONGBOAT KEY ANTIQUES INC.**



Principal Place of Business  
**5390 GULF OF MEXICO DR #103**  
**LONGBOAT KEY FL 34228**

Mailing Address  
**5390 GULF OF MEXICO DR #103**  
**LONGBOAT KEY FL 34228**

2. Principal Place of Business

3. Mailing Address

**5805 Chelsea Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SARASOTA, FL**

Zip

Country

Zip

Country

**34233**

**USA**

4. FEI Number **65-1148637**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WERGER, ANITA**  
**5390 GULF OF MEXICO DR #103**  
**LONGBOAT KEY FL 34228**

Name

**ANITA WERGER**

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

**5805 Chelsea Circle**

City

**SARASOTA**

**FL**

Zip Code

**34233**

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

*Anita L Werger*

**8-21-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANITA, WERGER</b> <b>5805 CHELSEA CIRCLE</b> <b>SARASOTA FL 34233</b>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

*Anita L Werger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/21/03**

Date

Daytime Phone #

**941-544-2205**

CR2E034 (4/03)