

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90070 020 ***150.00

DOCUMENT # P02000004996

1. Entity Name
ISLAND ANTIQUE MALL, INC.



Principal Place of Business
**9073 HECKSCHER DRIVE
JACKSONVILLE FL 32226**

Mailing Address
**9073 HECKSCHER DRIVE
JACKSONVILLE FL 32226**

2. Principal Place of Business
9073 Heckscher Dr.

Suite, Apt. #, etc.
JACKSONVILLE, FLA.

3. Mailing Address
9073 Heckscher Dr.

Suite, Apt. #, etc.
JACKSONVILLE, FLA.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0627228

Applied For
Not Applicable

Zip
32226

Country
Dual

Zip
32226

Country
Dual

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

6. Name and Address of Current Registered Agent

**LIKES, CHRISTOPHER
228 EAST NEW YORK AVENUE
DELAND FL 32724**

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GREEN, ROBERT**
STREET ADDRESS **POST OFFICE BOX 48011**
CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE **D** ☐ Delete
NAME **FAGAN, MALINDA**
STREET ADDRESS **14106 SPANISH POINT DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MALINDA R. FAGAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/03

Daytime Phone #

904-251-3151

CR2E034 (10/02)