

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

9/2

09-02-2003 90179 046 ***550.00

DOCUMENT # P02000005105

1. Entity Name
THE BLACK ROOSTER ANTIQUES & LAMPS, INC.



Principal Place of Business
1707-B MILLS AVENUE
ORLANDO FL 32803

Mailing Address
1707-B MILLS AVENUE
ORLANDO FL 32803

55056713

2. Principal Place of Business

2808 Corrine Dr
Suite, Apt. #, etc.

3. Mailing Address

2808 Corrine Dr
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

90-0000872

Applied For

Not Applicable

Zip

32803

Country

America

Zip

32803

Country

America

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUDOR, MICHAEL
1025 RUNRAVEN DRIVE
WINTER PARK FL 32792

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]

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
TUDOR, MICHAEL
1025 DUNRAVEN DRIVE
WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
TUDOR, MICHAEL
1714 Westchester Ave
W.P. FLA 32789 ☒ Change ☐ Addition

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

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

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-29-03

Date

407 895-8303

Daytime Phone #

CR2E034 (4/03)