FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 21, 2003 8:00 am Secretary of State **DOCUMENT #** P02000055166 1. Entity Name 01-21-2003 90549 026 ***158.75 ALBERT'S ANTIQUE CLOCKS, INC. Principal Place of Business Mailing Address PAATTAALA 1808-B RIDGEWOOD AVE 1808-B RIDGEWOOD AVE HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 03 - 0447725 City & State City & State Applied For Not Applicable Country U.S. A Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LATORRE, JOAN E Street Address (P.O. Box Number is Not Acceptable) 1808-B RIDGEWOOD AVE HOLLY HILL FL 32117 City 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. Juan E. LaTorre Roy. Agent for Alberts Antique SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Make Check Payable to Florida Department of State Must rund Continuation. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 hille • Series Delete. TITLE 1 NAME LATORRE, LAWRENCE J NAME STREET ADDRESS STREET ADDRESS 1808-B RIDGEWOOD AVE CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL 32117 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME LATORRE, JOAN E NAME STREET ADDRESS STREET ADDRESS 1808-B RIDGEWOOD AVE CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL FL 32117 TITLE ~ Delete TITLE - Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

changed, or on an attachment with an address, with all other like empowered JORN E. LATUME

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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

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