2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

7966 MANDARIN BLVD.

LOXAHATCHEE FL 33470

DOCUMENT # P02000076002

1. Entity Name

Principal Place of Business

7966 MANDARIN BLVD-

LOXAHATCHEE FL 33470

Suite, Apt. #, etc.

2. Principal Place of Business

ATTIC TREASURES ANTIQUES & COLLECTIBLES, INC.

509 Northwood Rd.

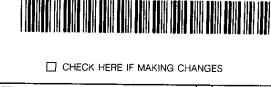
West Palm Bub, FL



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90106 041 ***150.00

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City & State City & State 4. FEI Number Applied For 52-236676 i Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZAPATA, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 7966 MANDARIN BLVD. LOXAHATCHEE FL 33470 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. 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 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) ☐ Change ☐ Addition NAME ZAPATA, DEBORAH NAME STREET ADDRESS 7966 MANDARIN BLVD. STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-7/P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete ☐ Change Addition 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 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 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

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.

561-833-5560 B