

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90468 008 ***150.00

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DOCUMENT # P02000110528

1. Entity Name
COURTHOUSE ANTIQUES ETC., INC.



Principal Place of Business
**2 N BROAD ST
BROOKSVILLE FL 34601**

Mailing Address
**2 N BROAD ST
BROOKSVILLE FL 34601**



2. Principal Place of Business

3. Mailing Address

11384 Kingstree Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SPRINGHILL FL

City & State

City & State

4. FEI Number

52-2382302

Applied For

Not Applicable

Zip

Country

Zip

Country

34609

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DUNCAN, EVELYN
2 N. BROAD ST
BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name **NO CHANGE**

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

11384 Kingstree Ct

Spring Hill

City

FL

Zip Code

34609

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVT** ☐ Delete
NAME **DUNCAN, EVELYN**
STREET ADDRESS **2 N BROAD ST**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **DUNCAN, EVELYN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **DUNCAN, WILLIAM R**
STREET ADDRESS **2 N BROAD ST**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

352-797-9330

Daytime Phone #

CR2E034 (10/02)