

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90146 039 ***150.00

DOCUMENT # P02000122914

1. Entity Name
ANTIQUE ARCHITECTURAL SALVAGE, INC.



Principal Place of Business
**6494 NW 65TH TERR
PARKLAND FL 33067**

Mailing Address
**6494 NW 65TH TERR
PARKLAND FL 33067**



2. Principal Place of Business
1799 NORTH STATE ROAD 7

3. Mailing Address
1799 NORTH STATE ROAD 7

Suite, Apt. #, etc.
#14

Suite, Apt. #, etc.
SUITE 14

City & State
MARGATE FL.

City & State
MARGATE, FL.

Zip
33063

Country
USA

Zip
33063

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEE Number
106-116-2731

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIRICHIGNO, KAY
6494 NW 65TH TERR
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

KAY CHIRICHIGNO
Street Address (P.O. Box Number is Not Acceptable)
1799 NORTH STATE ROAD 7 SUITE 14
MARGATE FL 33063

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 **KAY CHIRICHIGNO**
Signature, typed or printed name of registered agent and title if applicable.

2.24.03
DATE

(NOTE: Registered agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
KAY CHIRICHIGNO
1799 NORTH STATE ROAD 7, SUITE 14
MARGATE, FL. 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
KAY CHIRICHIGNO
1799 NORTH STATE ROAD 7, SUITE 14
MARGATE, FL. 33063**

TITLE
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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: **KAY CHIRICHIGNO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.24.03
Date
954-975-9000 Bua
954-803-5535 (cell)
Daytime Phone #

CR2E034 (10/02)