

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90763 008 ***150.00

DOCUMENT # P02000128799

1. Entity Name
FLORIDA CUSTOM ANTIQUE CEILINGS OF SARASOTA, INC



Principal Place of Business
**2608 PALMA SOLA BLVD
BRADENTON FL 34209**

Mailing Address
**2608 PALMA SOLA BLVD
BRADENTON FL 34209**

2. Principal Place of Business
**1800 NORTHGATE BLVD
Suite, Apt. #, etc. A-6**

3. Mailing Address
**1800 NORTHGATE BLVD
Suite, Apt. #, etc. A-6**

City & State
SARASOTA FL
Zip **34234** Country **USA**

City & State
SARASOTA FL
Zip **34234** Country **USA**

4. FEI Number
02-0654621

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**OZARK, DAMIAN M ESQ
2808 MANATEE AVE W
C/O OZARK & PERRON, P.A.
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name **GARY SHAPIRO**
Street Address (P.O. Box Number is Not Acceptable)
1800 NORTHGATE BLVD (A-6)
SM
City **SARASOTA** FL Zip **34234**

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 **GARY SHAPIRO**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/2003**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, GARY 2608 PALMA SOLA BLVD BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIKENSOHN-SHAPIRO, MICHELE 2608 PALMA SOLA BLVD BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINS, BANIEL 11090 BRISTOL BAY DR BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

GARY SHAPIRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/2003 941 3598204

CR2E034 (10/02)