

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014416

1. Entity Name

WINDSOR ANTIQUES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90045 038 \*\*\*150.00

Principal Place of Business

Mailing Address

1302 N PONCE DE LEON BLVD  
 ST AUGUSTINE FL 32084  
 US

1302 N PONCE DE LEON BLVD  
 ST AUGUSTINE FL 32084-3129  
 US

951713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

115 ANASTASIA BLVD

Suite, Apt. #, etc.

3. Mailing Address

115 ANASTASIA BLVD

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE

City & State

ST. AUGUSTINE

Zip

Country

32084

USA

Zip

Country

32084

USA

4. FEI Number:

59-3230054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTER, ROBERT D  
 7925 SAN JOSE BLVD  
 SUITE 1004  
 JACKSONVILLE FL 32217

Name

HUNTER ROBERT D.

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

115 ANASTASIA BLVD

City

ST. AUGUSTINE

FL

Zip Code

32084.

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME HUNTER, ROBERT D.  
 STREET ADDRESS 605 BOATING CLUB RD  
 CITY-ST-ZIP ST AUGUSTINE FL 32095

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.17.00

Date

904 826 0200

Daytime Phone #

CR2E034 (9/99)