

6/5/02

FILED
Jul 09, 2002 8:00 am
Secretary of State

06-05-2002 90412 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023237

1. Entity Name

C. STRANGE ANTIQUES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1099 NE 45 ST

Suite, Apt. #, etc.

3. Mailing Address

1919 Bayview DR.

Suite, Apt. #, etc.

City & State

FT LAUD. FLA.

City & State

FT LAUD. FLA.

4. FEI Number

65-0476092

Applied For

Not Applicable

Zip

33334

Country

U.S.

Zip

33305

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CURTIS A STRANGE

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

1919 Bayview DR

FT LAUD. FLA.

City

FL

Zip Code

33305

**DO NOT WRITE
IN THIS SPACE**

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

CURTIS A STRANGE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE OWNER (P)
 NAME CURTIS A STRANGE
 STREET ADDRESS 1919 Bayview DR.
 CITY-ST-ZIP FT. LAUD. FLA 33305

TITLE DIANA STRANGE
 NAME DIANA STRANGE
 STREET ADDRESS 1919 Bayview DR
 CITY-ST-ZIP FT. LAUD. FLA. 33305

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.1.02

Date

954

333-0405

Daytime Phone #

CR2E034B (12/01)