

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 8:00 am**
Secretary of State

02-08-2001 90155 016 ***150.00

DOCUMENT # P95000015155

1. Entity Name

CRANBERRY CORNERS ANTIQUES, INC.

Principal Place of Business

**203 E. HORATIO AVENUE
MAITLAND FL 32751**

Mailing Address

**203 E. HORATIO AVENUE
MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3300246

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

**BURGUNDER, KARL
800 WESTWOOD SQUARE
SUITE A
OVIEDO FL 32765**

Name

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

City

FL

Zip Code

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D BYFIELD, JOHN 525 MIDDLE ROAD FARMINGTON CT			
P BYFIELD, PAMELA 2604 GRASSY POINTE DR #204 LAKE MARY FL 32716			
VD BYFIELD, STEPHEN 1500 MAGNOLI AVE. WINTER PARK FL			
D BYFIELD, R. LYNN 660 MOURNING DOVE CIRCLE LAKE MARY FL			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela Byfield PAMELA BYFIELD

Date

2/5/01

Daytime Phone #

407-644-0363

CR2E034 (10/00)