

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90220 024 \*\*\*150.00

**DOCUMENT # P95000038234**

1. Entity Name  
**ANTIGA & COMPANY, INC.**



Principal Place of Business  
**5444 PIONEER PARK  
TAMPA FL 33634  
US**

Mailing Address  
**P O BOX 260277  
TAMPA FL 33685  
US**



2. Principal Place of Business

3. Mailing Address

**5420 PIONEER PARK**

Suite, Apt. #, etc.

**D**

City & State

**TAMPA, FL**

4. FEI Number **59-3318304**

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip  
**33634**

Country  
**USA**

Zip

Country

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

**MILLA, MATIAS  
7510 AMBER COURT  
TAMPA FL 33634-2932**

Name

**MILLA, MATIAS**

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

**5420 PIONEER PARK**

**SUITE D**

City

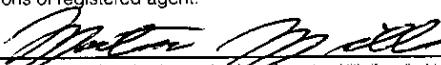
**TAMPA**

FL

Zip Code

**33634**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/15/03**

**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 **PD** ☐ Delete  
NAME **MILLA, MATIAS**  
STREET ADDRESS **7510 AMBER COURT**  
CITY-ST-ZIP **TAMPA FL 33635-2932**

TITLE **CORRECT ADDRESS** ☐ Change ☐ Addition  
NAME **FOR ALL IS**  
STREET ADDRESS **5420 PIONEER PARK STD**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **VP** ☐ Delete  
NAME **FEALITA, MADLEIN M**  
STREET ADDRESS **7510 AMBER COURT**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **CORRECT LAST** ☐ Change ☐ Addition  
NAME **NAME IS:**  
STREET ADDRESS **FEALITA**  
CITY-ST-ZIP **5420 PIONEER PARK STD**

TITLE **STD** ☐ Delete  
NAME **MILLA, MATILDE Z**  
STREET ADDRESS **7510 AMBER COURT**  
CITY-ST-ZIP **TAMPA FL 33635-2932**

TITLE ☐ Change ☐ Addition  
NAME **5420 PIONEER PARK STD**  
STREET ADDRESS **TAMPA, FL, 33634**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MATIAS MILLA 712605 85-850-552**

CR2E034 (10/02)