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name appears in Block 11 or Block 12 if

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 25, 2001 8:00 am P95000065651 DOCUMENT # **Secretary of State** 1. Entity Name KILLEARN ANTIQUES, INC. 07-25-2001 90040 017 \*\*\*150.00 Principal Place of Business Mailing Address 1415 TIMBERLANE RD 1415 TIMBERLANE RD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3368642 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JANECEK, ANITA M Street Address (P.O. Box Number is Not Acceptable) 3620 CHERRY BLUFF LANE TALLAHASSEE FL 32312 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition CR2E034 (5/01 TITLE ☐ Delete TITLE ALMARODE, RICHARD NAME NAME 1415 TIMBERLANE RD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE HAGERTY, ANN NAME NAME 1415 TIMBERLANE RD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change JANECEK, ANITA NAME NAME STREET ADDRESS 1415 TIMBERLANE RD STREET ADDRESS . CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete IVORY, EVE E 1415 TIMBERLANE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STRAZULLA, MARCIA NAME NAME 1415 TIMBERLANE RD STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

like empowered

changed, or on an attachment with an address, with all oth

SIGNATURE:

Attachment #P95000165651 173735

## M. Jack Davidson

Certified Public Accountant 313 Williams Street, Suite 9 Tallahassee, Fl. 32303

850-425-3065 Fax 850-893-2999 E-mail: jpdavid@tlh.fdt.net

July 17, 2001

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee Fl 32302-1500

RE: KILLEARN ANTIQUES, INC. 59-3368642

## Gentlemen:

My client referenced above notified me today they just received for the first time the 2001 Uniform Business Report. Your office has the address as 1415 Timberlane Road. The correct address is 1415 Timberlane Road, Suite 408, Tallahassee, Fl. 32312-1732.

We have enclosed a check in the amount of \$ 150.00 and respectfully request acceptance of this fee due to non receipt of the first notice due May 1.

Thank you for your consideration and if you have any questions, please feel free to call me.

Sincerely,

M. Jack Davidson