

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90071 012 ***150.00

DOCUMENT # P95000065651

1. Entity Name

KILLEARN ANTIQUES, INC.

Principal Place of Business

**1415 TIMBERLANE RD
TALLAHASSEE FL 32312**

Mailing Address

**1415 TIMBERLANE RD
TALLAHASSEE FL 32312**

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

59-3368642

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JANECEK, ANITA M
3620 CHERRY BLUFF LANE
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

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

City

State

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

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

MARCIA STRAZULLA President
(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/02

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, 2002 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

T ☐ Delete
NAME **ALMARODE, RICHARD**
STREET ADDRESS **1415 TIMBERLANE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

V ☐ Delete
NAME **HAGERTY, ANN**
STREET ADDRESS **1415 TIMBERLANE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

P ☐ Delete
NAME **JANECEK, ANITA**
STREET ADDRESS **1415 TIMBERLANE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

S ☐ Delete
NAME **IVORY, EVE E**
STREET ADDRESS **1415 TIMBERLANE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

SGTA ☐ Delete
NAME **STRAZULLA, MARCIA**
STREET ADDRESS **1415 TIMBERLANE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P ☒ Change ☐ Addition
NAME *MARCIA STRAZULLA*
STREET ADDRESS *2993 CRANBROOKE DR.*
CITY-ST-ZIP *TLH FL 32308*

T ☒ Change ☐ Addition
NAME *Hagerty Ann*
STREET ADDRESS *1415 Timberlane Rd*
CITY-ST-ZIP *Tallah. 32312*

SGTA ☒ Change ☐ Addition
NAME *JANECEK Anita*
STREET ADDRESS *1415 Timberlane Rd*
CITY-ST-ZIP *Tallah. FL 32312*

S ☒ Change ☐ Addition
NAME *IVORY EVE*
STREET ADDRESS *1415 Timberlane*
CITY-ST-ZIP *Tallah FL 32312*

VP ☒ Change ☐ Addition
NAME *Almarode Richard*
STREET ADDRESS *1415 Timberlane Rd*
CITY-ST-ZIP *Tallah. FL 32312*

☐ 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:

MARCIA STRAZULLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARCIA STRAZULLA 1/8/02 850 878 0966

CR2E034 (9/01)