

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-23-2003 90098 048 ***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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRAZULLA, MARCIA
2993 CRANBROOKE DR
TALLAHASSEE FL 32308**

Name **Richard Almarode**

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

1415 Timberlane Road

City **TLH, FL 32308** FL Zip Code **32308**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	VP ALMARODE, RICHARD 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAGERTY, ANN 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGTA JANECEK, ANITA 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IVORY, EVE 1415 TIMBERLANE RD TALLAHASSEE FL 32312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRAZULLA, MARCIA 2993 CRANBROOKE DR TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Almarode, Richard 1415 Timberlane Road TLH, FL 32312	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ann Hagerty 1415 Timberlane Rd. TLH, FL 32312	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ann TLH, FL 32312	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ivory, EVE 1415 Timberlane Rd. TLH, FL 32312	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Marcia Strazulla 2993 Cranbrooke Dr 1415 Timberlane Rd. TLH, FL 32308	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #

CR2E034 (10/02)