

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90239 011 ***150.00

DOCUMENT # *P95000086034*

1. Entity Name

TREASURE CORNER ANTIQUES & DESIGN,
INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

580 NW 12th Ave

Suite, Apt. #, etc.

3. Mailing Address

580 NW 12th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Pompano Beach, FL

Pompano Beach, FL

4. FEI Number

65-0627078

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kruger, Mary Anne

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

580 NW 12th Avenue

City

Pompano Beach

FL

Zip Code
33069

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	KRUGER, Heinz A	580 NW 12th Ave	Pompano Beach, FL 33069
DST	Kruger, Mary Anne	580 NW 12th Ave	Pompano Beach, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

Mary Anne Kruger, Secretary/Treasurer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2004

Date

954/946-3339

Daytime Phone #

CR2E034B (12/02)