

FILED

Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90008 011 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016187

1. Entity Name

ANTARES CAPITAL PARTNERS II, INC.

Principal Place of Business

P.O. BOX 410730
MELBOURNE FL 32941

Mailing Address

P.O. BOX 410730
MELBOURNE FL 32941

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

59-3382529

Applied F

Not Applic

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

DE LABRY, COLETTE O
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May**
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POLINER, RANDALL E
P.O. BOX 410730 N/A
MELBOURNE FL 32941 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdTITLE
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CITY-ST-ZIP ☐ Change ☐ AdTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Ad

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 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

R.E. Poliner

Date

6/6/01

Daytime Phone #

321-777-48