

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90458 043 ***150.00

0051224

DOCUMENT # P96000058395

1. Entity Name
CAROLINE'S ANTIQUES, INC.

Principal Place of Business

Mailing Address

**331 N DONNELLY ST
 MOUNT DORA FL 32757
 US**

**331 N DONNELLY ST
 MT DORA FL 32757
 US**

2. Principal Place of Business

3. Mailing Address

32252 Lakeshore Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAVARES FLA

4. FEI Number **59-3392217**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32778

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CIENER, CAROL A
 330 LAKE DORA ROAD
 MOUNT DORA FL 32757**

Name
CAROL Ciener Rothschild

Street Address (P.O. Box Number is Not Acceptable)
32252 Lake Shore Dr

City

TAVARES

FL

Zip Code

32778

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **CIENER, CAROL A**
 STREET ADDRESS **330 LAKE DORA ROAD**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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: **CAROL Ciener Rothschild** **3-5-01** **352343**
 Signature and typed or printed name of signing officer or director Date Daytime Phone # **3594**

CR2E034 (10/00)