

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90014 027 \*\*\*158.75

**DOCUMENT # P96000101688**

1. Entity Name  
**ST. AUGUSTINE ANTIQUE EMPORIUM, INC.**

Principal Place of Business Mailing Address  
**62 SAN MARCO AVE 317 HICKORY LANE**  
**ST. AUGUSTINE FL 32084 JACKSONVILLE FL 32259**  
**US**

2. Principal Place of Business Suite, Apt. #, etc.  
**Same As Above**

3. Mailing Address Suite, Apt. #, etc.  
**Same As Above**

City & State Zip Country City & State Zip Country

4. FEI Number **59-3414588** Applied For Not Applicable

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**

**ROSENTHAL, WILLIAM M JR**  
**317 HICKORY LANE**  
**JACKSONVILLE FL 32259**

Name  
 Street Address (P.O. Box Numbers Not Acceptable)  
**N/A**  
 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 **N/A** 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSENTHAL, WILLIAM M</b> <b>317 HICKORY LANE</b> <b>JACKSONVILLE FL 32259</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSENTHAL, MARY ANN G</b> <b>317 HICKORY LANE</b> <b>JACKSONVILLE FL 32259</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 ICA empowered.

SIGNATURE: **William M. Rosenthal** **WILLIAM M. ROSENTHAL** **(904) 287-3576**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**PRESIDENT April 28, 2000**

CR2E034 (9/99)