2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am P97000086401 DOCUMENT # Secretary of State 1. Entity Name ASHLEY ADAMS ANTIQUES, INC. 02-05-2002 90075 024 ***150.00 Principal Place of Business Mailing Address 795 5TH AVE SOUTH 795 5TH AVE SOUTH NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3477080 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINIERO, BLANCA Street Address (P.O. Box Number is Not Acceptable) 6878 WELLINGTON DR NAPLES FL 34109 Zip Code City FL 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 . FILE NOW!!! FEE IS \$150.00 9: This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Sēe criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PINEIRO, JUAN C NAME NAME 6878 WELLINGTON DR STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP X Delete TITLE Change ☐ Addition TITLE PINERO, ALEXIS NAME NAME STREET ADDRESS 7235 MILL RUN CIR STREET ADDRESS NAPLES FL 34109 CITY-ST-7IP CITY-ST-ZIP V.P. - Treaswer TITLE ☐ Delete TITLE ☐ Change Addition NAME PINEIRO, BIANCA NAME STREET ADDRESS 6878 WELLINGTON DR STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition PINEIRO, KELLY NAME NAME STREET ADDRESS 7235 MILL RUN CIR STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 941-594-3816

FILED

Daytime Phone #