## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P98000010811 Mar 29, 2000 8:00 am **Secretary of State** LANDS' END ANTIQUES, INC. 03-29-2000 90074 030 \*\*\*150.00 Mailing Address Principal Place of Business LEONARD H LONG 3634 S DIXIE HIGHWAY 949 PASEO PALMERIA WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405-2057 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0810353 Not Applicable WEST PALM BEACH Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33465 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LONG, LEONARD H Street Address (P.O. Box Number is Not Acceptable) 949 PASEO PALMERIA **WEST PALM BEACH FL 33405** Zip Code 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE WAGNER, ROBERT NAME 949 PASED PALMERIA STREET ADDRESS STREET ADDRESS 914 N FEDERAL HWY #4 CITY-ST-ZIP WEST PALM BEACH, FL. 33405 CITY-ST-ZIP LAKE WORTH FL 33460 Addition ☐ Delete TITLE TITLE LONG, LEONARD NAME NAME STREET ADDRESS STREET ADDRESS 949 PASEO PALMERIA CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify by 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.