

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90083 018 ***150.00

DOCUMENT # P98000041021

1. Entity Name
ANTIQUITIES UNLIMITED, INC.

Principal Place of Business 3531 BAUM RD TALLAHASSEE FL 32308	Mailing Address 3531 BAUM RD TALLAHASSEE FL 32308-7628
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2. Principal Place of Business 11517 BAUM LANE Suite, Apt. #, etc.	3. Mailing Address 11517 BAUM LANE Suite, Apt. #, etc.
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City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32308	Zip 32308
Country LEON	Country LEON

4. FEI Number **59-3513040** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
HORNING, CYNTHIA B
3531 BAUM RD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
 Name **Cynthia B. Horning**
 Street Address (P.O. Box Number is Not Acceptable)
11517 BAUM LANE
 City **Tallahassee** **FL** Zip Code **32308**

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 *Cynthia B. Horning* DATE 4-26-00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HORNING, CYNTHIA B 3531 BAUM RD. TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11517 BAUM LANE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *Cynthia B. Horning* DATE 4/26/00 Daytime Phone # 850-878-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)