2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P9800050577 1. Entity Name						FILED		
ANTIQUE GOLF COLLECTIBLES INC.						00 SEP 18 PM 4: 30		
						00 001	, , , , , , ,	'
Principal Place of Business 6308 SAFFORD TERRACE NORTH PORT FL 34287			Mailing Address 6308 SAFFORD TERRACE NORTH PORT FL 34287		9	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
ļ						1 18811980) 138 1848) 1841) 8841) 8841	PROBER PROBER BOOKE COURT BRIDE	186KH 488H 488H
2. Principal Place of Business 7/42 Beneva Kuad			3. Mailing Address 7142 Beneva Road					
Suite, Apt.		EVA KBAA	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITI	E IN THIS SPACE	
City & State SARASOTA, FI		City & State SARAS STA. Florida		4	. FEI Number 65-089642	4 ——	pplied For ot Applicable	
Zip	OTM,	Country	Zio	Country		Outlibrate of Chattas Desired	\$8.75 Ad	Iditional
34238		SARASOTA	34738	ARASOTA	9	. Certificate of Status Desired	Fee Require	ed.
		and Address of Current	Registered Agent	Namo		. Name and Address of New Re	gistered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				;	Name			
				Street A	Street Address (P.O. Box Number is Not Acceptable)			
		FL 32301-2525		,	2000034199222			
				City	City -10/10/00 101026 Code 000			
		<u> </u>					<u> </u>	<u> 30.00</u>
8. The above	named enti	ty submits this statement fo	r the purpose of changing its re	egistered office o	r registered	agent, or both, in the State of Flor	rida.	
SIGNATURE .	Signature, types	d or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ture required whe	on reinstating)	DATE	
			EN E MOMB			,		
 9. This corpo 	oration is elic				กก			
Tax filing t	requirement	gible to satisfy its Intangible and elects to do so.	After SEPTEMBER 13		be \$750.00	10. Election Campaign Fine Trust Fund Contribution		00 May Be ed to Fees
Tax filing to (See crite		and elects to do so.	After SEPTEMBER 13 Make Check Payable	, 2000 Min. will	be \$750.00 nt of State	1 1	n. 🗀 Adde	ed to Fees
Tax filing t	requirement	and elects to do so.	After SEPTEMBER 13 Make Check Payable	, 2000 Min. will e to Departmen	be \$750.00 nt of State	Trust Fund Contribution	n. 🗀 Adde	ed to Fees
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SIGNATURE:

POR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/W

941-926-3211

Daytime Phone #





September 12, 2000

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Please find enclosed the Uniform Business Report.

Due to address change your first request never reached our new offices. We just received the second last week.

We have over nighted payment and information you requested. We hope you will consider a refund on payment. We are just staring our business and funds at this stage are very important.

Thanking you in advance for your professional consideration.

Kindest Personal Regards,

Ki Cuyler Director

KC/a/h

enc.

Antique Golf Collectibles, Inc.