

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99800005305**

1. Entity Name

ANTIQUES VAL DE LOIRE INC.

Principal Place of Business

Mailing Address

- SAME

1192 HUFF RD., NW

ATLANTA, GA. 30318

2. Principal Place of Business

1192 HUFF RD., NW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTA, GA.

City & State

Zip

30318

Country

USA

Zip

Country

4. FEI Number

65-0842772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENJAMIN J. BOND, CPA
290 COCOANUT-SUITE 2
SARASOTA, FLORIDA 34236
(941) 951-1883**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00

After September 12, 2001 Fee will be \$750.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. **PRESIDENT** OFFICERS AND DIRECTORS

**BERTRAND P. FIAUD
1192 HUFF RD., NW
ATLANTA, GA. 30318**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ 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

BERTRAND P. FIAUD

09/28/2001

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90002 048 ***550.00

978203

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)