

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90001 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053249

1. Entity Name

MAURICE'S PINE ANTIQUES AND REPRODUCTIONS, INC.

Principal Place of Business

**2532 WEST INDIANTOWN ROAD
 JUPITER FL 33458**

Mailing Address

**2532 WEST INDIANTOWN ROAD
 JUPITER FL 33458**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0845433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONKER, RUDOLF
 950 JUPITER PARK DR.
 JUPITER FL 33458**

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 \$150.00
After May 1, 2002 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	DP	<input type="checkbox"/> Delete
NAME	JONKER, MAURICE R	
STREET ADDRESS	6026 ADAMS ST.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINCOURT, STEVE	
STREET ADDRESS	673 BALMORAL ROAD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONKER, ELISABETH M	
STREET ADDRESS	6026 ADAMS STREET	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONKER, TONY S	
STREET ADDRESS	950 JUPITER DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONKER, RUDOLF	
STREET ADDRESS	950 JUPITER DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tony Jonker

CR2E034 (9/01)