

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0065370 AV

DOCUMENT # P98000056223

1. Entity Name
RON'S ANTIQUE PLACE INC.

03-14-2002 90357 001 ***150.00
 03-14-2002 90357 002 *****8.75

Principal Place of Business
 1938 NE WALDO ROAD
 GAINESVILLE FL 32609-3964

Mailing Address
 1938 NE WALDO ROAD
 GAINESVILLE FL 32609-3964
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 104 S. W. MARTIN LUTHER KING DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
 3225 N.W. County Rd. 150
 Suite, Apt. #, etc.

City & State
 JASPER, FLORIDA

City & State
 JASPER, FLORIDA

Zip
 32052

Country
 HAMILTON

Zip
 32052 6327

Country
 HAMILTON

4. FEI Number
 59-3523038

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GRIFFIS, RONALD W
 3200 NW 27TH STREET
 GAINESVILLE FL 32605-2210

7. Name and Address of New Registered Agent
 Name: GRIFFIS, RONALD W.
 Street Address (P.O. Box Numbers Not Acceptable): 3225 N.W. County Road 150
 City: JASPER FL Zip Code: 32052-6327

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: *Ronald W. Griffis* **Ronald W. Griffis** **p/o** **3/1/02**
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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GRIFFIS, RONALD W 3200 NW 27TH STREET GAINESVILLE FL 32605-2210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/OWNER GRIFFIS, RONALD W. 3225 N.W. C.R. 150 JASPER, FLORIDA 32052-6327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Ronald W. Griffis* **Ronald W. Griffis** **3/1/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

386-792-1986
 386-938-2100 Home

CR2E034 (9/01)