

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083402

1. Entity Name
~~ANTIQUE WAREHOUSE & AUCTION CO.~~ - AUCTIONS, INC.
 (See Attached)

Principal Place of Business
 11930 FAIRWAY LAKES DRIVE
 FORT MYERS FL 33913

Mailing Address
 11930 FAIRWAY LAKES DRIVE
 FORT MYERS FL 33913-8337

2. Principal Place of Business
 2573 Willard Street
 Suite, Apt. #, etc.

3. Mailing Address
 11930 Fairway Lakes Dr
 Suite #2

City & State
 Fort Myers Florida
 Zip Country
 33902 USA

City & State
 Fort Myers, Florida
 Zip Country
 33913 USA

4. FEI Number 65-0873338

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

DOCKERY, SAMUEL E
 11930 FAIRWAY LAKES DR
 STE #2
 FORT MYERS FL 33913

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  Samuel E. Dockery 4-10-00
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME PSTD
 STREET ADDRESS DOCKERY, SAMUEL E
 CITY-ST-ZIP 11930 FAIRWAY LAKES DRIVE
 FORT MYERS FL 33913

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:  Samuel E. Dockery 4-10-00 941-768-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90233 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)