

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90120 027 ***150.00

DOCUMENT # **998000092016**

1. Entity Name

Village Antique Mall Inc (LA)

Principal Place of Business

Mailing Address

**405 N Highland St
 Mt Dora FL 32757**

**405 N Highland St
 Mt Dora FL 32757**

A0076324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3544261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSON JAMES A
 3111 Lakeshore Dr.
 Mt Dora FL 32757**

Name

James A. Croson

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

1322 Elysium Blvd

City

Mount Dora

FL

Zip Code

32757-7028

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.

7028

SIGNATURE

James A. Croson

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

(NOTE: Registered Agent signature required when reinstating)

7-05-01

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, 2001 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 **P** ☐ Delete
 NAME **Croson James A**
 STREET ADDRESS **3111 Lakeshore Dr**
 CITY-ST-ZIP **Mount Dora FL 32757**

TITLE **D** ☒ Change ☐ Addition
 NAME **Croson James A.**
 STREET ADDRESS **1322 Elysium Blvd**
 CITY-ST-ZIP **Mount Dora FL 32757-7028**

TITLE **P** ☐ Delete
 NAME **Croson Joann**
 STREET ADDRESS **3111 Lakeshore Dr**
 CITY-ST-ZIP **Mount Dora FL 32757**

TITLE **D** ☒ Change ☐ Addition
 NAME **Croson Joann**
 STREET ADDRESS **1322 Elysium Blvd.**
 CITY-ST-ZIP **Mount Dora FL 32757-7028**

TITLE ☐ Delete
 NAME **Larmay, Laura C.**
 STREET ADDRESS **405 N. Highland St**
 CITY-ST-ZIP **Mount Dora FL 32757**

TITLE ☒ Change ☐ Addition
 NAME **President Director**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

Laura C. Larmay
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

070501

Date

(352)

385 0257

Daytime Phone #

CR2034 (11/00)