

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023748

1. Entity Name
DUDLEY ANTIQUES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90372 033 ***150.00

Principal Place of Business Mailing Address
3639 ST JOHNS AVE 3639 ST JOHNS AVE
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205-9025

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 Applied For
59-3565400 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

ALLEN, BRINTON, SIMMONS & MCCARTHY, P.A.
ONE INDEPENDENT DR, SUITE 3200
JACKSONVILLE FL 32202

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 (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 **PRESIDENT**
STREET ADDRESS **BONNIE R. DUDLEY**
CITY-ST-ZIP **4135 VENETIA BLVD**
JACKSONVILLE, FL 32210

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

TITLE ☐ Delete
NAME **SECRETARY**
STREET ADDRESS **BONNIE R. DUDLEY**
CITY-ST-ZIP **4135 VENETIA BLVD**
JACKSONVILLE FL 32210

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **BONNIE R. DUDLEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 **904/387-2484**
Date Daytime Phone #

CR2E034 (9/99)