

2000 UNIFORM BUSINESS REPORT (UBR)

7/15/2000 000000 043 0000 00 0000 00

DOCUMENT # P99000071450

1. Entity Name

ANTIQUE MALL OF MILTON, INC.

Principal Place of Business

6776 CAROLINE ST.
MILTON FL 32570

Mailing Address

6776 CAROLINE ST.
MILTON FL 32570

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

976 GRAND CANAL ST

Suite, Apt. #, etc.

City & State

City & State

GULF BREEZE, FL

Zip

Country

Zip

Country

32561

USA

4. FEI Number

59-3601543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, GEORGE D
310 ELMIRA ST.
MILTON FL 32570

7. Name and Address of New Registered Agent

Name

RITA HEFTY

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

976 GRAND CANAL ST

City

GULF BREEZE

FL

Zip Code

32561

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D HEFTY, RITA TILMAN 976 GRAND CANAL ST. GULF BREEZE FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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:

RITA HEFTY

7-12-00

1-516-4552

CR2E034 (5/00)

8-7-00

Attachment
D# P99000071450
309284

DEAR DIVISION OF CORPORATIONS,

WE NEVER RECEIVED OUR ^{1st} NOTICE (OUR

ATTORNEY NEVER RECEIVED IT, SINCE HE
WAS LISTED AS AGENT) - I CALLED THIS

IN, AND WAS TOLD TO INDICATE THIS, AND

THE PENALTY WOULD BE WAIVED. IF THIS

IS NOT SO, CALL ME AT 800-732-3009

AND ASK FOR MY HUSBAND - JOHN HEFTY,

HE WILL CLEAR THINGS UP FOR YOU

RITA HEFTY