2000 UNIFORM BUS	APPROVED				
DOCUMENT # P99000081442 1. Entity Name			FILED		
Country antique Things + Such, INC.			OO MAY 24 AM 10: 41		
Principal Place of Business Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
8333 old St. Augustine Rd.			IALLAHAGEL, I CONIDA		
Tallahassee FL 32311					
2. Principal Place of Business					
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State City & State		·	4. FEI Number	<u> </u>	oplied For of Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	fitional
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Fee Required Agent	1
THRY Rodomark					
TERRY Rodemark 8333 Old St. Augu	Street Address	(P.O. Box Number is Not Acceptable)			
Tallahassee, FL	32311	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 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 Tay filips requirement and electe to do so. After MAY 4 2000 E. Schliff of EEO 00. 10. Election Campaign Financing \$5.00 May Be					
Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 2000 Make Check Payable	Fee will be \$550.00 to Department of Sta	Trust Fund Contribution.		to Fees
11. OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND		
Officer application (/)	ugustine Rd	TITLE NAME STREET ADDRESS		☐ Change	CRZE034 (1)(1)
TITLE 5. Jan Rodemar		CITY-ST-ZIP TITLE		☐ Change	☐ Addition S
	ignstine Rd	NAME STREET ADDRESS CITY-ST-ZIP		_	
ITTLE V. LARRY Chambi	urs Delete	TITLE		☐ Change	Addition
STREET ADDRESS 17502 Frank CITY-ST-ZIP Tallahassee	N Margaret Ln FL	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE T. VICKI Crambu	Delete	TITLE NAME		☐ Change	Addition
STREET ADDRESS 17502 Frank CITY-ST-ZIP TAllahassee F	N Margaret Ln -L	STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	900003264	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	-05/24/000 ****150.00	10430 ****15	108
TITLE	☐ Delete	TITLE NAME		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with	this filing does not qualify for th	e exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further cer	tify that the in	formation
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: SIGNATURE AND TO ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 524					
					

To whom it may doncern

I Larry Chamburs did not receive the Corporation Annual Report for 2000

Lary Chiline