2003 FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

DOC	UMF	NT#	Pg

9000081442

1. Entity Name COUNTRY ANTIQUE THINGS & SUCH, INC.

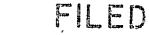


Principal Place of Business 1500-6 CAPITAL CIRCLE SED. TALLAHASSEE FL 32301

Mailing Address

1500-6 CAPITAL CIRCLE SED.

TALLAHASSEE FL 32301



03 APR 23 PM 12: 16

SECRETARY OF STATE TALLAHASSEE. FLORIDA



	Place of Business	3. Mailing Address		F 1000/00% NEW INCHES FORES ORES ORES CONTRACTOR			
uncle			<u>enburs</u>	_			
Suite, Apt.		Suite, Apt. #, etc.	1- Hall Bd	☐ CHECK HERE IF MAK	ING CHANGES		
City & Stat		City & State	er unit ike	4. FEI Number TO OCCUPAGE	Applied For		
Tallah	assee Florida	Tallahassee	FLorida	4. FEI Number 59-3605939	Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional		
<u>3230</u>		33310	KEON	7. Name and Address of New Register	Fee Required		
6. Name and Address of Current Registered Agent			Name				
RODEMARK, TERRY							
8333 OLD ST. AUGUSTINE RD.			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	SSEE FL 32311						
(7012 1 2 3 2 3 7 7		- City		7:- 0-4-		
			City	F	Zip Code		
		the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I a	am familiar with, and accept		
the obligat	tions of registered agent.				}		
SIGNATURE .							
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	E: Registered Agent signature require	ed when reinstating) DAT	Ē 		
	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	\$5.00 May Be		
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of \$	State		Trust Fund Contribution.	Added to Fees		
				ADDITIONS OF TAXABLE TO OFFICE TO	NE SIDEOTODO IN 44		
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS A			
TITLE NAME	RODEMARK, TERRY	☐ Delete	TITLE NAME		☐ Change ☐ Addition		
STREET ADDRESS	8333 OLD ST. AUGUSTINE RD.		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32311		CITY-ST-ZIP	70001845	7947		
TITLE	S	☐ Delete	TITLE	70001845 05/07/03010820:	T □ €barjo€ ; □ [Addition		
NAME	RODEMARK, JAN		NAME		J		
STREET ADDRESS	8333 OLD ST. AUGUSTINE RD.		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32311		CITY-ST-ZIP	<u> </u>			
TITLE .	V CHAMBURO LABOV	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS	CHAMBURS, LARRY 17502 FRANK N MARGARET LANE	<u>-</u>	NAME Street address				
CITY-ST-ZIP	17302 FRANK N MARGARET LANE TALLAHASSEE FL	1	CITY-ST-ZIP				
TITLE	T	Delete	TITLE		Change Addition		
NAME	CHAMBURS, VICKI	La boleto	NAME				
STREET ADDRESS	17502 FRANK N MARGARET LANE		STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME	/ \\ / \ V			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	/ \ 			
TITLE		Delete	TITLE	7//	Change Addition		
NAME		□1 Delete	NAME	\sim \langle	□ change □ Addition		
STREET ADDRESS			STREET ADDRESS	\vee ()			
CITY-ST-ZIP			CITY-ST-ZIP	~			
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #