

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90028 031 ***150.00

DOCUMENT # P990000091737

1. Entity Name

ANTIQUE LUMBER COMPANY, INC.

Principal Place of Business

**1810 IVY LN.
WINTER PARK FL 32792**

Mailing Address

**1810 IVY LN.
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

1314 So. RIVERSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW SMYRNA BCH, FL.

4. FEI Number

59-3403331

Applied For

Not Applicable

Zip

Country

Zip

Country

32168

FLORIDA

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

**ARVIDSON, CARL
1810 IVY LN.
WINTER PARK FL 32792**

Name

CARL ARVIDSON

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

1314 So. RIVERSIDE DR.

City

NEW SMYRNA BCH

FL

Zip Code

32168

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 \$150.00
After May 1, 2002 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 **P**
STREET ADDRESS **ARVIDSON, CARL**
CITY-ST-ZIP **1810 IVY LN
WINTER PARK FL 32792**

TITLE ☒ Change ☐ Addition
NAME **ARVIDSON, CARL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARVIDSON, PAT**
CITY-ST-ZIP **1810 IVY LN
WINTER PARK FL 32792**

TITLE ☒ Change ☐ Addition
NAME **ARVIDSON, PAT**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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:

P.J. ARVIDSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)