

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 93644 012 ***550.00

DOCUMENT # P99000096020

1. Entity Name

COLLINS & MCCULLOUGH ANTIQUES, INC.

Principal Place of Business

**7326 LAKE WORTH ROAD
 LAKE WORTH FL 33467**

Mailing Address

**7326 LAKE WORTH ROAD
 LAKE WORTH FL 33467**

2. Principal Place of Business

3416 S. Dixie Hwy.

3. Mailing Address

6428 Lake Worth Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Superior, #610

City & State

West Palm Beach, FL

City & State

Lake Worth, FL

Zip

33405

Country

USA

Zip

33463

Country

USA

4. FEI Number

65-0956837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RATFIELD, LOUIS W
 7326 LAKE WORTH ROAD
 LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name **Adam Jacobs**

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

6428 Lake Worth Rd, #610

City **Lake Worth**

FL

Zip Code **33463**

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

Adam Jacobs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/21/02

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

TITLE **PT** ☐ Delete
 NAME **COLLINS, JOSEPH**
 STREET ADDRESS **9100 N.W. 1ST AVE.**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE **VPS** ☐ Delete
 NAME **MCCULLOUGH, NICOLA**
 STREET ADDRESS **1682 SE 1ST AVE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Joseph Collins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02

Date

Daytime Phone #

CR2E034 (9/01)