

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S43784**

1. Entity Name

THE ANTILLES SUPPLY COMPANY, INC.**FILED**
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90103 038 ***150.00

Principal Place of Business

**172 SE 96 AVE.
172 SW 96 AVE.
PLANTATION FL 33324
US**

Mailing Address

**172 SW 96 AVE.
PLANTATION FL 33324
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0257776

Applied For

Not Applicable

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****MAUREEN PATTON****172 SW 96 AVE.****SUITE 305****PLANTATION FL 33324**

Name

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

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
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	DP	<input type="checkbox"/> Delete
NAME	PATTON, GLADESTONE M SR	
STREET ADDRESS	172 SW 96	
CITY-ST-ZIP	PLANTATION FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DV	<input type="checkbox"/> Delete
NAME	PATTON, GLADESTON, M. JR	
STREET ADDRESS	172 SW 96 AVE.	
CITY-ST-ZIP	PLANTATION FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> Delete
NAME	PATTON, MAUREEN	
STREET ADDRESS	172 SW 96 AVE	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maureen Patton Secretary

Date

4/22/02

Daytime Phone #

844 762 459

CR2E034 (9/01)