2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$96845

1. Éntity Name

OLDEST STORE MUSEUM, INC.

FILED May 04, 2001 8:00 am Secretary of State 05-04-2001 90172 008 ***150.00

ARTILLERY LN 4		Mailing Address 4 ARTILLERY LN ST AUGUSTINE FL 32084							
2. Principal Place of Bus	ness	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. f	FEI Number 59-3096704		Ар	plied For	
Zip Counts!		7:0	Country					Not Applicable	
Zıp	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Add ee Required		
6. Nam	e and Address of Current Re	egistered Agent	Name	7.	Name and Address of New Re	gistered A	gent		
MILLER, MILDF 4 artillery i St. augustin	N.			ess (P.O. E	Box Number is Not Acceptable)				
			City			FL	Z:p Cod	0	
SIGNATURE Signature, typ 9. This corporation is ei	ed or printee name of registered agent and	attle if applicable. (NOT	E Registered Agent's gnature n	squired when r	gent, or both, in the State of Flor reinstating) 10. Election Campaign Fina	DATE	\$5.0	0 May Be	
Tax filing requirement (See criteria on back		1	101 Fee will be \$550 ble to Department of		Trust Fund Contribution			to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AC	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR		
STREET ADDRESS 4 ARTIL	MILDRED F LERY LN EUSTINE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
STREET ADDRESS 4 ARTIL	WILLIAM C LERY LN GUSTINE FL	☐ De:ete	TITLE NAME STREET ADDRESS OITY-SY-ZIP				Change	Addition	
THEL NAME STREEL ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY -ST-Z!P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	□ Addition	
TITLE NAME STREET ADDRESS CITY-SE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZiP				☐ Change	☐ Abdition	
TITLE NAME STREET ADDRESS CITY-SI ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY -STZIP		n 119.07(3)(i), Florida Statutes.		□ Change	☐ Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under bath; 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.