

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90143 046 ***550.00

DOCUMENT # S96845

1. Entity Name
OLDEST STORE MUSEUM, INC.



Principal Place of Business
**4 ARTILLERY LN
ST. AUGUSTINE FL 32084**

Mailing Address
**4 ARTILLERY LN
ST AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

201 FRONT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#107

City & State

City & State

KEY WEST, FL

Zip

Country

Zip

33040

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3096704**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, MILDRED F
4 ARTILLERY LN.
ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name **Edwin O. Swift, III**
Street Address (P.O. Box Number is Not Acceptable)

201 FRONT ST #107

City **Key West**

FL

Zip Code

33040

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Edwin O. Swift, III 7/31/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, MILDRED F
4 ARTILLERY LN
ST. AUGUSTINE FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Edwin O. Swift, III
201 FRONT ST #224
Key West, FL 33040** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, WILLIAM C
4 ARTILLERY LN
ST. AUGUSTINE FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P.
Christopher C. Belland
201 FRONT ST #224
KEY WEST, FL 33040** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GERALD R. MASTER
V.P.
201 FRONT ST #310
KEY WEST, FL 33040** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BENJAMIN N. MCPHERSON
201 FRONT ST #107
KEY WEST, FL 33040** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-292-8909
Daytime Phone #

CR2E034 (4/03)