2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empawered.

SIGNATURE:

FILED DOCUMENT # G41095 Mar 08, 2000 8:00 am **Secretary of State** THE DRAPERY & FURNITURE PEOPLE, INC. 03-08-2000 90034 005 ***150.00 Mailing Address Principal Place of Business 3 MARKET PLACE COURT 3 MARKET PLACE COURT PALM COAST FL 32137-5105 PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2303633 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 7-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name MACKINNON, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 3 MARKET PLACE COURT PALM COAST FL 32137 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change ☐ Addition TITLE TITLE MAC KINNON, ELIZABETH NAME STREET ADDRESS **42 FARRAGUT DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Date

Daytime Phone #