2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83146

1. Entity Name

SALLY KRAMER'S FURNITURE COLLECTION, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State
03-27-2000 90099 012 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
128 S BARFIELD MARCO ISLAND FL 33937	128 S BARFIELD MARCO ISLAND FL 34145-5142

2. Principal Place of Business	3. Mailing Address
128 S. Barfield	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marco Island, FL	City & State:
Zip: 34145-5142 Country: Collier	Zip: Country:

4. FEI Number 65-0051876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, SALLY J.
440 COTTAGE CT
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name: KRAMER, SALLY J.
Street Address (P.O. Box Number is Not Acceptable): 440 COTTAGE CT.
MARCO ISLAND
City: FL Zip Code: 34145

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, 2000 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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KRAMER, SALLY J.	NAME	
STREET ADDRESS	440 COTTAGE CT	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Sally J. Kramer SALLY J. KRAMER 3/15/00 (941) 394-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #