## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Feb 13, 2001 8:00 am DOCUMENT # P0000032128 **Secretary of State** NATIONWIDE/TAMPA BAY FURNITURE DELIVERY SYSTEMS, 02-13-2001 90589 049 \*\*\*150.00 Principal Place of Business Mailing Address HOW EAST DOUGLASTROAD P.O. BOX 29 OLDSMAR FL 34677 OLDSMAR FL 34677 00016852 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired **42** U Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) the purpose of changing its registered office or registered agent, or both, in the State of Florida, 8. The abo SIGNATURE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PTD TITLE ☐ Addition TITLE Delete NAME NAME LEITGEB, ROBERT STREET ADDRESS STREET ADDRESS 164-EAST-DOUGLAS-ROAD CITY-ST-ZIP CITY-ST-ZIP OLDSMAR\_FL 34677 Addition TITLE TICE PRES TITLE Delete NAME NAME LEITGED JEROLE A RHONDA LETGEB STREET ADDRESS STREET ADDRESS 164-PAST=BOUGLAS-ROAD TAMPA CITY-ST-ZIE CITY-ST-ZIP GEUSMAR FE 34677 TITLE Addition ☐ Delete ☐ Change TITLE 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 ☐ Delete TITLE TITLE ☐ Chance 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 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 of changed, or on an attach

RINTED NAME OF SIGNING O