
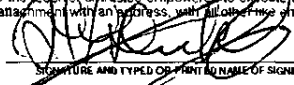


**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90112 045 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000037894</b>					
1. Entity Name <b>HAROLD'S CUSTOM FURNITURE, INC.</b>					
Principal Place of Business 1785 NW 135TH ST OPALOCKA, FL 33054			Mailing Address 1785 NW 135TH ST OPALOCKA, FL 33054		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-1088731</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For: <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DUNKLEY, HAROLD L 2441 SW 84TH TERRACE MIRAMAR, FL 33025</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents' signatures required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEOT DUNKLEY, HAROLD 2441 SW 84TH TERR. MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 files empowered.					
SIGNATURE: 			Date: <b>7/15/03</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

**90146165**

CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment

90146165

July 14, 2003

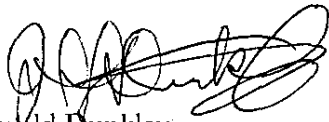
Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Document #P01000037894, Renewal**

Dear Madam:

Pursuant to our conversation today, please be advised that Harold's Custom Furniture, Inc. did not receive a 2003 Uniform Business Report in January. Based on your recommendation we are submitting the renewal notice as well as a check for \$150.00 for processing. Thank you.

Yours truly,



Harold Dunkley  
President