2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000116192 **DOCUMENT #**

1. Entity Name

R.B.L. UPHOLSTERY, INC.



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90143 047 ***150.00

1930 NW 54T MARGATE FL		Mailing Address 1930 NW 54TH AVENUE MARGATE FL 33066									
2. Principal Place of Business		3. Mailing Address								IENIA ILIK IEEN	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Star	te	City & State				4.	FEI Number 01 – 0750	0529	ļ	oplied For ot Applicable	
Zip	Country	Zip Coun			у	5.	5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current	Registere	ed Agent			7.	Name and Address of New	Registered	•		
				Ī	Name						
	AGENT SERVICES, INC. CKELL AVE., SUITE 900				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33131										
				Γ	City			FL	Zip Cod	е	
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purp	ose of changing its	registered	d office or reg	gistered ag	ent, or both, in the State of F	orida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if appl	licable. (NOTE	: Registered	Agent signature re	equired when re	sinstating	DATE			
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Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State					Election Campaign F Trust Fund Contribution	~ -		0 May Be I to Fees	
10. OFFICERS AND DIRECTORS				11.		ΔΓ	 DITIONS/CHANGES TO OF	EICEDS ANI	DIRECTOR	2 IN 11	
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NAME	KITSON, DOUGLAS			NAME							
STREET ADDRESS CITY-ST-ZIP	1930 NW 54TH AVENUE MARGATE FL 33066				ADDRESS						
TITLE	MANGATE PL 33000		☐ Oelete	CITY-S	1-219				Chann	C Address	
NAME			L1 Delete	TITLE NAME					☐ Change	Addition	
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CITY-ST-ZIP				CITY - ST	r_ 7IP]		•				

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.