

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91133 011 ***150.00

DOCUMENT # P97000083921

1. Entity Name
CANYON FURNITURE COMPANY

Principal Place of Business **Mailing Address**
11540 HIGHWAY 92 EAST **11540 HIGHWAY 92 EAST**
SEFFNER FL 33584 **SEFFNER FL 33584**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3471240** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, LARRY
11540 HIGHWAY 92 EAST
SEFFNER FL 33584

Name **DAVID A. BEYER**
 Street Address (P.O. Box Number is Not Acceptable)
C/O Piper Marbury Kulnick & Wolfe LLP
101 East Kennedy Blvd., Suite 2000
 City **TAMPA** State **FL** Zip Code **33602**

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 *David A. Beyer* DATE **4-27-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, LARRY 11540 HIGHWAY 92 EAST SEFFNER FL 33584 <input checked="" 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	D/P/S/T Lewis Stein 11540 US Highway 92 EAST Seffner, FL. 33584 <input type="checkbox"/> Change <input checked="" 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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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: *Lewis Stein* Date **APR 25 2001** Daytime Phone # **813-623-5400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)