

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000001092

1. Entity Name
MAITLAND FURNITURE, INC.

FILED
 00 DEC -1 AM 9:23
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

REINSTATEMENT
 DO NOT WRITE IN THIS SPACE
7/22/99 90007012 \$1500

Principal Place of Business		Mailing Address	
6 SHADOW CREEK WAY ORMOND BEACH, FL 32174		6 SHADOW CREEK WAY ORMOND BEACH, FL 32174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

8. Name and Address of Current Registered Agent

TOM A. KAFKA
 6 SHADOW CREEK WAY
 ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

9. 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 Tom A. Kafka Tom A. Kafka
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)

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	Tom A. Kafka, President <input type="checkbox"/> Delete 6 Shadow Creek Way Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003490785--2 -12/08/00--01007--003 *****550.00 *****550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Julie A. Kafka, Sec./Treas. <input type="checkbox"/> Delete 6 Shadow Creek Way Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003490785--2 -12/08/00--01007--004 *****200.00 *****200.00
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
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
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
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: Tom A. Kafka 10/16/00 904/673-7680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)