2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2001 8:00 am Secretary of State **DOCUMENT # 216040** 1. Entity Name MILES FURNITURE COMPANY 02-15-2001 90104 021 ***150.00 Mailing Address Principal Place of Business W E CAMPBELL W E CAMPBELL 5109 BAYOU BLVD. 5109 BAYOU BLVD. C0022180 PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 59-0842162 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. <u>CAMPBELL, WILLIAM E. JR</u> CAMPBELL,W E Street Address (P.O. Box Number is Not Acceptable) 3341 EDGEWATER DR. 4510 SEHOY CIRCLE PENSACOLA FL 32504 Zip Code GULF BREEZE 32561 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. CAMPBELL. WILLIAM E. e of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE NAME CAMPBELL, W.E. NAME STREET ADDRESS STREET ADDRESS 104 NORTHCLIFFE DRIVE CITY-ST-7IP CITY-ST-ZIP GULF BREEZE FL ☐ Addition Change TITLE ☐ Delete TITLE NAME UPSHAW, MICHAEL T. NAME STREET ADDRESS STREET ADDRESS 1148 BROADWAY CITY-ST-ZIP CITY-ST-ZIP COLUMBUS GA ☐ Change ☐ Addition Delete TITLE ٧D CAMPBELL, WILLIAM E. JR. NAME NAME STREET ADDRESS STREET ADDRESS 5109 BAYOU BLVD CITY-ST-ZIP City-St-7iP PENSACOLA FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE HENSLEE, MILES L. NAME NAME STREET ADDRESS STREET ADDRESS 1148 BROADWAY CITY-ST-ZIP CITY-ST-7IP **COLUMBUS GA** Change ☐ Addition ☐ Delete TITLE HARDIN, MICHAEL E NAME NAME STREET ADDRESS STREET ADDRESS 1148 BROADWAY CITY-ST-ZIP CITY-ST-7IP COLUMBUS GA Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. CAMPBELL,

(850)476-1215

Daytime Phone #