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

## 234370 DOCUMENT #

1. Entity Name

STANTON CHURCH FURNITURE COMPANY



**FILED** Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90141 049 \*\*\*150.00

WI TO

Principal Place of Business 73 STANTON DRIVE HWY 77 NORTH CHIPLEY FL 32428 US				Mailing Address 73 STANTON DRIVE HWY 77 NORTH CHIPLEY FL 32428 US									<b>i</b>	
2. Principal Place of Business				3. Mailing Address				11881				III 81814 84844 188		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State				City & State				4. FEI Number 59-0933170				Applied For Not Applicab	ole	
Zip		Zip		itry	5. Certificate of Status Des			\$8.75 Additional Fee Required						
	6. Name	and Address of Current I	legistered Agent				7. Name and Address of New Registered Agent							
STANTON	I CAM B					Name								
Stanton, Sam B. 73 Stanton Drive Hwy 77 North							Street Address (P.O. Box Number is Not Acceptable)							
CHIPLEY	FL 32428										-1 <u>-1</u>			
						City				F			-	
<b>8.</b> The above the obligat	ions of regist	y submits this statement for ered agent.  por printed name of registered agent a	Sti	anton		ed office or re			oth, in the State o	<del></del>		th, and accep	ət	
<u> </u>	5-ga-a-a	or printed right of registrated agent is	in the it app	icable. (NOTE	. negisterei	a Agent signature i	required whe	en reinstating)		DATE				
• After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State						lection Campaigr rust Fund Contrib			.00 May Be	,	
10.		OFFICERS AND [	DIRECTO	RS	11.			ADDITIONS	/CHANGES TO	OFFICERS AN	ND DIRECTO	DRS IN 11	ᅥ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Stanton 73 Stant Chipley F	on dr hwy 77 n		☐ Delete							☐ Chang		nc	
TITLE NAME	٧	KENNETH		☐ Delete	TITLE	:					☐ Change	e 🔲 Additio	on	
STREET ADDRESS CITY-ST-ZIP		on dr hwt 77 North		E.		ET ADDRESS -ST-ZIP	-	,	·					
TITLE NAME STREET ADDRESS DITY-ST-ZIP		Dorothy A. On drive Hwy 77 Noi L	RTH	□ Delete		ľ					□ Change	e 🗌 Additio	n	
ITLE IAME Street address Sity-St-Zip				☐ Delete		i i			, , , , , , , , , , , , , , , , , , , ,		Change	e [] Additio	n n	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP				☐ Delete		ı	,				☐ Change	e 🗌 Additio	ın	
ITLE IAME TREET ADDRESS ITY-ST-ZIP				☐ Delete							☐ Change	: Addition	n	
✓ I Dereby or	action that the	information augmlied with t							415 pmg + 1 pmg + 1 .					

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.

SIGNATURE:

Date

Daytime Phone #