

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 348394

1. Entity Name

TIFFANY FURNITURE INDUSTRIES, INC.

FILED

Feb 15, 2000 8:00 am  
Secretary of State

02-15-2000 90006 025 \*\*\*150.00

Principal Place of Business

1464 HEATHER WY  
KISSIMMEE FL 32837  
US

Mailing Address

PO BOX 451387  
KISSIMMEE FL 34745-1387  
US

2. Principal Place of Business

6004 E. IRLO BRANSON HWY  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. CLOUD FL.

City & State

Zip

Country

34771

US

Zip

Country

4. FEI Number

59-1265478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALOMON, EDWARD M III  
1464 HEATHER WY  
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

Edward M. Kenben

Street Address (P.O. Box Number is Not Acceptable)

725 North Magnolia Ave

City

Orlando FL

FL

Zip Code

32803

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

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)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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

TITLE VP  
NAME SALOMON, ADRIENNE  
STREET ADDRESS 1111 CENTRAL FLA PKWY  
CITY-ST-ZIP ORLANDO FL 32837

☐ Delete

TITLE P  
NAME SALOMON, EDWARD M III  
STREET ADDRESS 1464 HEATHER WY  
CITY-ST-ZIP KISSIMMEE FL 34744

☐ Delete

TITLE VP  
NAME MILES, DAVID H  
STREET ADDRESS PO BOX 451387  
CITY-ST-ZIP KISSIMMEE FL 34745

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME SALOMON, ADRIENNE  
STREET ADDRESS 6004 EAST IRLO BRANSON HWY  
CITY-ST-ZIP ST CLOUD FL 34771

☐ Change ☐ Addition

TITLE PRES  
NAME SALOMON, EDWARD M III  
STREET ADDRESS 6004 EAST IRLO BRANSON HWY  
CITY-ST-ZIP ST CLOUD FL 34771

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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, was all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)