2000 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2000 8:00 am DOCUMENT # 380964 1. Entity Name **Secretary of State** NOLL'S FURNITURE CO., INC. 03-22-2000 90181 040 ***150.00 Principal Place of Business Mailing Address 2110 E. MAIN ST. 2110 E. MAIN ST. LEESBURG FL 34748 LEESBURG FL 34748-9318 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1356036 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHELLEY, WINSTON G. Street Address (P.O. Box Number is Not Acceptable) 161 E. TROTTERS DR. MAITLAND FL 32751 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, ☐ Change Addition TITLE ☐ Delete SHELLEY, WINSTON NAME STREET ADDRESS 161 E TROTTERS DR STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE SHELLEY, AMBER NAME NAME 161 E TROTTERS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 00000 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 of the accuracy of the corporation of the c

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIG

PRINTED NAME OF SIGNING OFFICER OF SIRECTOR

<u> 3/20/2000 (352)728-252</u>

FILED

Daytime Phone #