

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 403297

1. Entity Name

FLORIDA HOME FURNISHINGS ROSTER, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-17-2000 90007 040 ***150.00

Principal Place of Business
1135 PASADENA AVENUE. SOUTH
SUITE 239
ST. PETERSBURG FL. 33707

Mailing Address
1135 PASADENA AVENUE. SOUTH
SUITE 239
ST. PETERSBURG FL. 33707-2888

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1456407

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAX, BARRY
51 DOLPHIN DR
TREASURE ISLAND FL 33706

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

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 BARRY WAX
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 3-14-00

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 | P | <input type="checkbox"/> Delete |
| NAME | CLEVELAND, CRAIG C | |
| STREET ADDRESS | 421 MAPLE BLUFF CIR. | |
| CITY-ST-ZIP | MELBOURNE FL 32940-1835 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | TAMNEY, VONICA | |
| STREET ADDRESS | P.O. BOX 12 N/A | |
| CITY-ST-ZIP | LAND O LAKES FL 34639 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DREZNIN, NEAL | |
| STREET ADDRESS | 841 FAULKWOOD CT | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | ASKER, ESSE | |
| STREET ADDRESS | 139 TIMBER LN | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | WAX, BARRY | |
| STREET ADDRESS | 51 DOLPHIN DRIVE | |
| CITY-ST-ZIP | TREASURE ISLAND FL | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | EDMONDS, ROYAL | |
| STREET ADDRESS | 9202 GRAND BLANC | |
| CITY-ST-ZIP | SEMINOLE FL | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: BARRY WAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

(727) 381-6461

Date

Daytime Phone #

CR2E034 (9/99)