

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 403297**

1. Entity Name

**FLORIDA HOME FURNISHINGS ROSTER, INC.****FILED****Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90479 038 \*\*\*150.00

Principal Place of Business

**1135 PASADENA AVENUE, SOUTH  
SUITE 239  
SAINT PETERSBURG FL 33707**

Mailing Address

**1135 PASADENA AVENUE, SOUTH  
SUITE 239  
SAINT PETERSBURG FL 33707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1456407**

Applied For

Not Applicable

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

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

*Linda LeDet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**LINDA LEDET EXEC. DIR. 3-9-01 727 381-6461**

CR2E034 (10/00)