

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-21-2002 90873 006 ***150.00

DOCUMENT # 403297

1. Entity Name

FLORIDA HOME FURNISHINGS ROSTER, INC.

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 & 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

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, 2002 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 **P** ☐ Delete
 NAME **CLEVELAND, CRAIG C**
 STREET ADDRESS **421 MAPLE BLUFF CIR.**
 CITY-ST-ZIP **MELBOURNE FL 32940-1835**

TITLE **D** ☐ Change ☒ Addition
 NAME **ELAINE GREENBERG**
 STREET ADDRESS **106 LAKE EMERALD DR. #410**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **VPD** ☐ Delete
 NAME **TAMNEY, VONICA**
 STREET ADDRESS **P.O. BOX 12 N/A**
 CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **D** ☐ Change ☒ Addition
 NAME **DALEX FRASER**
 STREET ADDRESS **4079 GREYSTONE DR.**
 CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **D** ☒ Delete
 NAME **DREZNIN, NEAL**
 STREET ADDRESS **841 FAULKWOOD CT**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **ASKER, ESSE**
 STREET ADDRESS **139 TIMBER LN**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **WAX, BARRY**
 STREET ADDRESS **51 DOLPHIN DRIVE**
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☒ Delete
 NAME **EDMONDS, ROYAL**
 STREET ADDRESS **9202 GRAND BLANC**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ Change ☐ 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
LINDA LEDET

4-10-02

727.381.6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)