2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

512376 **DOCUMENT #**

Country

1. Entity Name

Zip

BERGERON, SANDRA

8110-A OAKTON COURT WEST PALM BEACH FL 33406

SAM SIMONE UPHOLSTERY, INC.



Principal Place of Business Mailing Address 4408 GEORGIA AVENUE 4408 GEORGIA AVENUE WEST PALM BCH FL 33405 WEST PALM BCH FL 33405

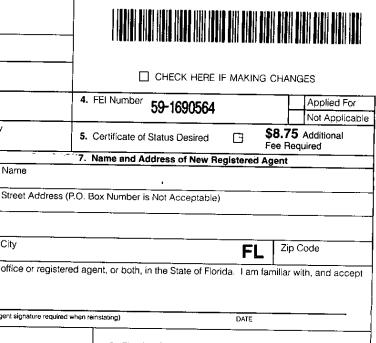
6. Name and Address of Current Registered Agent

Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	Suite, Apt. #, etc. City & State	

Zip

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90474 013 ***150.00



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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition SIMONE, ANNA NAME NAME 7708 NEMEC DR SOUTH STREET ADDRESS 8107-A DAKTON CT STREET ADDRESS WEST PARM BEACK, R 33406 CITY-ST-ZIP W PALM BCH FL 33406 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BERGERON, SANDRA NAME STREET ADDRESS 8110-A DAKTON CT STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE - Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

Name

City

Lhereby, 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 10 or Block 11 if address, with all other

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR