

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 613650

1. Entity Name

SEMINOLE FURNITURE DISTRIBUTORS, INC.

Principal Place of Business

1440 GEMINI BLVD
ORLANDO FL 32837-9279
US

Mailing Address

1440 GEMINI BLVD
ORLANDO FL 32837-9279
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-2488057

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

LITTLE, JOHN THOMAS
626 IRIS STREET
ALTAMONTE SPRINGS FL 32714

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 State10. 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

CR2E034 (9/01)

TITLE P Delete
NAME LITTLE, JOHN THOMAS
STREET ADDRESS 626 IRIS STREET
CITY-ST-ZIP ALTAMONTE SPRGS. FLTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V Delete
NAME LITTLE, ELIZABETH L
STREET ADDRESS 626 IRIS STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE Change Addition
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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:

SIC LITTLE, JOHN THOMAS LITTLE, JOHN THOMAS
Signature and Date
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR