

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F43025

1. Entity Name

VIENNA CUSTOM BUILT UPHOLSTERY AND SUPPLY, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90092 016 \*\*\*150.00

Principal Place of Business

Mailing Address

1031-4TH ST.,N.  
ST.PETERSBURG FL 33701

1031-4TH ST.,N.  
ST.PETERSBURG FL 33701-1723

2. Principal Place of Business %Ruth M. Godyn Mailing Address %Ruth M. Godyn

841 - 4th. Ave., N.

841 - 4th. Ave., N.

Suite, Apt. #, etc.  
Apt. 67

Suite, Apt. #, etc.  
Apt. 67

City & State  
St. Petersburg, FL

City & State  
St. Petersburg, FL

4. FEI Number 59-2141501

Applied For  
Not Applicable

Zip  
33701-2709

Country  
Pinellas

Zip  
33701-2709

Country  
Pinellas

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

GODYN, RUTH M  
1031-4TH ST.,N.  
ST.PETERSBURG FL 33701

Name  
Ruth M. Godyn

Street Address (P.O. Box Number is Not Acceptable)  
841 - 4th. Ave., N.

Apt. 67

City  
St. Petersburg

FL Zip Code  
33701-2709

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 Ruth M. Godyn, Pres.

4/19/2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS  
NAME GODYN, RUTH M  
STREET ADDRESS 1031-4TH ST.,N.  
CITY-ST-ZIP ST PETERSBURG, FL 00000 ☐ Delete

TITLE PVS  
NAME GODYN, RUTH M. ☒ Change ☐ Addition  
STREET ADDRESS 841 - 4th. Ave., N., Apt. 67  
CITY-ST-ZIP St. Petersburg, FL 33701-2709

TITLE DT  
NAME GODYN, RUTH M  
STREET ADDRESS 1031-4TH ST.,N.  
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE DT  
NAME GODYN, RUTH M. ☒ Change ☐ Addition  
STREET ADDRESS 841 - 4th. Ave., N., Apt. 67  
CITY-ST-ZIP St. Petersburg, FL 33701 - 2709

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000

Date

(727) 823-1924

Daytime Phone #

CR2E034 (9/99)