

2001-UNIFORM-BUSINESS-REPORT (UBR)

05-29-2001 90015 013 ****61.25

DOCUMENT # F98000000642

AMENDE

1. Entity Name

SOFA CONNECTION, INC.

FILED

01 JUN 18 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

725 MYATT DRIVE
MADISON TN 37115

725 MYATT DRIVE
MADISON TN 37115

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

63-1008786

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOT 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERS, ROBERT M	
STREET ADDRESS	725 MYATT DRIVE	
CITY-ST-ZIP	MADISON TN 37115	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHAFFNER, ROBERT C	
STREET ADDRESS	405 LEWALLEN STREET	
CITY-ST-ZIP	ASHEBORO NC	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRISLEY, PETER O	
STREET ADDRESS	405 LEWALLEN STREET	
CITY-ST-ZIP	ASHEBORO NC	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, DAVID O	
STREET ADDRESS	405 LEWALLEN STREET	
CITY-ST-ZIP	ASHEBORO NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISLEY, PETER O.	
STREET ADDRESS	725 MYATT DRIVE	
CITY-ST-ZIP	MADISON, TN 37115	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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

Date

Daytime Phone

CR2E034 (10/00)