

-10f.2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G 073 96**

1. Entity Name:

HOLIDAY FURNITURE FACTORY - OUTLET Corporation

02 OCT -9 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008422977

10/17/02--01039--013 **150.00

DO NOT WRITE IN THIS SPACE

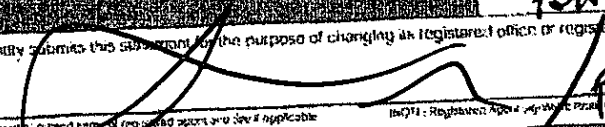
2. Principal Place of Business 1105 W BOLLER Ln Suite, Apt. #, etc.		3. Mailing Address Port ORANGE Suite, Apt. #, etc.	
City & State FL, 32127		City & State	
Zip	Country	Zip	Country

4. FEI Number 59.2948274	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name SAM OSTA, AGENT
Street Address (P.O. Box Number is Not Acceptable) 1105 W BOLLER Ln
City Port orange
State FL
Zip Code 32127

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:  **President Agent** DATE: **10-7-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to (X) 50.
(See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE P	NAME SAM OSTA
STREET ADDRESS 1105 W BOLLER Ln	
CITY, ST, ZIP Port orange, FL	
STREET ADDRESS 32127	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(f), 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 person or persons authorized to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other information provided.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Register Charge \$

CR20034B (12/01)

RB

20f2

-SAM OSTA

1105 Loblolly Lane

Port Orange, Florida 32127

(386)-322-8940 Telephone

(386)-322-4510 Fax

To: Florida Corporations	From: Sam Osta
Attention:	Date: October 7-2002
Office location:	Office location:
Fax number:	Phone number:

☐ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☐ For your information

Total pages, including cover:

Comments:

Dear Sirs

I never received any notice in mail about renewal my corporation Holiday furniture-Factory outlet Corp. I have been on the new address above over one year.

Best Regards,
Sam Osta

Unless otherwise indicated or obvious, the information contained in this facsimile message is privileged, confidential and intended for the exclusive use of the individual or entity named above. If the reader of this message is not the intended recipient, the message may not be distributed or copied. If you have received this communication in error or are not sure whether it is privileged, please immediately notify us by telephone and mail the original message to us at the above address at our expense.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF ANY ARE ILLEGIBLE
PLEASE CONTACT SAM (386)-322-8940