FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT -9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008422977
10/17/02--01039--013 **150.00

DOCUMENT # G07396

1. Entity Name
Holiday Furniture Factory-outlet corporation

2. Principal Place of Business
1105 loBlolly Ln
Suite, Apt. #, etc.
City & State
FL, 32127
Zip | Country

3. Mailing Address
Port ORANGE
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

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 loBlolly Ln
City Port orange 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 [signature] / President & Agent 10-7-02
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)

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAm OSTA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1105 loBlolly Ln Port orange, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32127
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] / Agent 10-7-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

-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 renewel my corporation Holiday furniture-Factory outlet Corp. I have been on the new address above over one year.

Best Regards,
Sam Osta