

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90257 014 ***150.00

DOCUMENT # H01073

1. Entity Name

CORRELATED FURNITURE, INC.

Principal Place of Business

12950 DANIEL DR NORTH
 CLEARWATER FL 34622
 US

Mailing Address

12950 DANIEL DRIVE NORTH
 CLEARWATER FL 33762-4745
 US

2. Principal Place of Business

12951 49th St N.
 Suite, Apt. #, etc.

3. Mailing Address

12951 49th St N
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-2389166

Applied For

Not Applicable

Zip

33762

Country

Zip

33762

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WICHLENSKI, STEVEN A.
 12950 DANIEL DR. N.
 CLEARWATER FL 34622

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WICHLENSKI, STEVEN	
STREET ADDRESS	12950 DANIEL DRIVE NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WICHLENSKI, ROSALIE	
STREET ADDRESS	12950 DANIEL DR N	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Barton, Christi	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barton, Christine DOUGLASS	
STREET ADDRESS	12951 49th St N.	
CITY-ST-ZIP	Clearwater, FL 33762	
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		<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 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:

Christine Douglass

5-1-00

Date

Daytime Phone #

(727) 572-9928

CR2ET:4 (3/93)