FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am **DOCUMENT # H73776 Secretary of State** 1. Entity Name STATUS 10 LODGING FURNITURE, INC. 03-14-2001 90492 037 ***150.00 Principal Place of Business Mailing Address 9840 INTERNATIONAL DR 9840 INTERNATIONAL DR ORLANDO FL 32819 ORLANDO FL 32819 633161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2578082 Not Applicable Zip Country Country \$8.75: Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSEN, HARRIS Street Address (P.O. Box Number is Not Acceptable) 7600 INTERNATIONAL DR. ORLANDO FL 32819 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE TITLE ☐ Delete SANTOS, FRANK NAME 9840 International Drive STREET ADDRESS 7600 INTERNATIONAL DR. STREET ADDRESS Orlando, FL 32819 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE K1 Change □ Addition ROSEN, HARRIS NAME NAME 9840 International Drive 7600 INTERNATIONAL DR STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP~~ Orlando--FL--32819 TITLE ☐ Delete TITLE X Change Addition TOOHEY, GARRITT P. NAME NAME 9000 INTERNATIONAL DR STREET ADDRESS STREET ADDRESS 9840 International Drive CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Orlando, FL 32819 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 chapter on an attachment with an address, with all other like empowered.

2/15/01 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

all other like empowered.

changed, or on an attachment with an address, w

(407)996<u>-9840</u>