

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90333 004 ***150.00

DOCUMENT # H94511

1. Entity Name
CAPRIS FURNITURE INDUSTRIES, INC.

Principal Place of Business
1401 NW 27TH AVE.
OCALA FL 32675

Mailing Address
1401 NW 27TH AVE.
OCALA FL 32675



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2694517**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STUBBS, C.A.
1401 NW 27TH AVENUE

OCALA FL 32675

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSD** Delete
 NAME **STUBBS, C.A.**
 STREET ADDRESS **14494 SE 143 RD TERR**
 CITY-ST-ZIP **WEIRSDALE FL**

TITLE Change Addition
 NAME _____
 STREET ADDRESS **5290 Running Brook Drive**
 CITY-ST-ZIP **Homesassa, FL 34428**

TITLE **DP** Delete
 NAME **INTERIAN, PEDRO**
 STREET ADDRESS **6764 CHERRY ROAD**
 CITY-ST-ZIP **OCALA FL**

TITLE Change Addition
 NAME _____
 STREET ADDRESS **355 NW Magnolia Circle**
 CITY-ST-ZIP **Crystal River, FL 34428**

TITLE **VP** Delete
 NAME **BEAUDET, DONALD R**
 STREET ADDRESS **5581 S MARATHAN TERRACE**
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donald R. Beaudet 2/2/01 352-629-8859

CR2E034 (10/00)