

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K30955

1. Entity Name

SUE'S UPHOLSTERY, INC.

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90118 028 \*\*\*150.00

Principal Place of Business Mailing Address  
% JAN SELDOW % JAN SELDOW  
1125 OLD DIXIE 1125 OLD DIXIE  
LAKE PARK FL 33403 LAKE PARK FL 33403-2348



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 65-0067562 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

SELDON, JAN  
1125 OLD DIXIE  
LAKE PARK FL 33403

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 |                           |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|---------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | D                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | SELDON, JAN               |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 1902 ROSEWOOD WAY         |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | PALM BCH GARDENS FL 33410 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | 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: *Jan Seldon* 4-17-00 561 844 0428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #