

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90165 030 ***150.00

DOCUMENT # K71361

1. Entity Name

AFFORDABLE WOOD FURNITURE, INC.



Principal Place of Business

**6095 HAINES ROAD N
ST. PETERSBURG FL 33714
US**

Mailing Address

**6095 HAINES RD. N
ST. PETERSBURG FL 33714
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

PINE HILLS

Zip

Country

PINE HILLS

4. FEI Number **65-0101717**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DANN, PHILIP W.
3839 4TH ST. NORTH #570
ST. PETERSBURG FL 33703**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MUSE, STEPHEN, H.**
STREET ADDRESS **1160 53 AVE. N.**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **ST** ☐ Delete
NAME **MUSE, KATHLEEN G.**
STREET ADDRESS **1160 53 AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3037-61ST AVENUE N**
CITY-ST-ZIP **ST PETERSBURG, FL 33714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3037-61ST AVENUE N**
CITY-ST-ZIP **ST PETERSBURG, FL 33714**

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN H. MUSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-03 (727) 525-9640

Date

Daytime Phone #

CR2E034 (10/02)