

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90092 009 ***150.00

DOCUMENT # L62091

1. Entity Name

ODETTE'S CUSTOM UPHOLSTERY, INC.

Principal Place of Business

Mailing Address

**4301 OAK CIRCLE DR
 BOCA RATON FL 33431**

**4301 OAK CIRCLE DR
 BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

169 16TH ST.

169 16TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON

City & State

BOCA RATON

4. FEI Number

65-0182640

Applied For
 Not Applicable

Zip

Country

Zip

Country

33432

33432

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

**BENNETT, JAMES RICHARD
 4301 OAK CIRCLE DR UNIT 5
 BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

169 NW 16TH ST.

City

FL 33432

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	BENNETT, JAMES R.		
<input type="checkbox"/> Delete	4301 OAK CIR DR #5		
	BOCA RATON FL		
VP	BENNETT, JAMES R		
<input type="checkbox"/> Delete	4301 OAK CIR DR #5		
	BOCA RATON FL		
TD	BENNETT, ODETTE		
<input type="checkbox"/> Delete	4301 OAK CIR DR #5		
	BOCA RATON FL		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/14/01** Daytime Phone #: **561-395-5222**

CR2E084 (10/00)