2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L93560 **DOCUMENT #**

1. Entity Name

TO WE THE

FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90208 048 ***150.00

CITY-ST-ZIP SPRINGHILL FL 34606 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BENEDE	TH FURNITURE, INC.									
Surie, AD. II., etc. GHECK HERE IF MAKING CHANGES City & State Country Zip Country S. Certificate of Status Depleted S8.75 Additional Foo Regulardor Security Security S. Certificate of Status Depleted S8.75 Additional Foo Regulardor Security Se	3280 COMME	RCIAL WAY	3280 COMMERCIAL WAY			-					
Surie, AD. II., etc. GHECK HERE IF MAKING CHANGES City & State Country Zip Country S. Certificate of Status Depleted S8.75 Additional Foo Regulardor Security Security S. Certificate of Status Depleted S8.75 Additional Foo Regulardor Security Se											
City & State	2. Principal F	Place of Business	3. Mai	ling Address				1	 	il billi cidii	D
Zip Country Zip Country 5, Certificate of Status Desired D	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Assistance Fee Required S8.75 Assistance Fee Required Fee Re	City & Sta	te	City & State				4. FEI Number 59-3037748			<u> </u>	
BENEDETTI, GERARDA 3280 COMMERCIAL WAY SPRING HILL FL 34606 City FL Zip Code City FL Zip Code City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the purpose of registered agent, or both, in the State of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept the purpose of registered agent. The state of Forda. I am familiar with, and accept agent	Zip	Country	Zip		Cour	ntry	5. C	Certificate of Status Desired		8.75 A	dditional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current	<u> </u> Registere	ed Agent	······································		7. N	lame and Address of New R		•	
Street Address (P.O. took Number is Not Acceptable) City FL Zip Code 8. The above rarred entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept inherbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept inherbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept inherbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept inherbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept inherbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept inherbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept inherbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept inherbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept inherbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept inherbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept agent ag						Name					
SPRING HILL FL 34606 8. The above named entity submits his statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept they obligations of registered agent and the registered agent and the registered agent and the registered agent and the registered agent agent and the registered agent algorithm encoursed when reinstation; FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BD SENER ADDRESS STREET						Street Address (F	 P.O. Bo	ox Number is Not Acceptable)		
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 Flonda. I am familiar with, and accept the objugations of registered agent. ### Community Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the objugations of registered agent. #### Community Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the objugations of the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the objugations of the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the objugations of the purpose of changing its registered agent, or both, in the State of Flonda. I am familiar with, and accept the objugations of the purpose of changing its registered agent, or both, in the State of Flonda. I am familiar with, and accept the objugations of change its registered agent, or both, in the State of Flonda. I am familiar with, and accept the objugations of change its registered agent, or both, in the State of Flonda. I am familiar with, and accept the objugations of change its registered agent, or both, in the State of Flonda. I am familiar with, and accept the purpose of change its registered agent, or both, in the State of Flonda. I am familiar with, and accept the purpose of change its registered agent, or both, in the State of Flonda. I am familiar with, and accept the purpose of prince of purpose of purpose of prince of purpose of prince of purpose of prince of p								•			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations principlisations principlisations of registered agent. FILE, NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAME BENEDETTI, JOHN C 880 TREEHAVIN DRIVE SPRINGHILL FL 34606 CITY-S1-2P TITLE VOP Delete TI	ophing f	INLL PL 34090						7073 d Table 1			
the-politique for in Circle place of agent. Signature Signature Signature Provided name of registered agent signature recovered when reinstating) DATE	يد اين الد	ζ.				City			FL	Zip Cod	de
SIGNATURE Signature, typed or privated name of registered agent and the if applicable. NOTE: Registered Agent algrature recound when remaining) DATE	the obligat	tions of registered agent.	r the purp	ose of changing its	register	ed office or registere	ed age	ent, or both, in the State of Flo	rida. I am fa	miliar with	, and accept
FILE: NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make-Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D BENEDETTI, JOHN C BENEDETTI, LORING BENEDETTI, LORING BENEDETTI, CERANDA NAME SITERI ADDRESS SI	SIGNATURE	*									
After May 1, 2003 Fee will be \$550.00 May Be Maker Check Payable to Florida Department of State 10.	Oldivarion (E)	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE	: Registere	ed Agent signature required	when rein	instating)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD	Afte	r May 1, 2003 Fee will be \$550.00	f State								
NAME SIREET ADDRESS CITY-ST-ZIP POP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE DP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE SD SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD SPRINGHILL FL 34606 STREET ADDRESS CITY-ST-ZIP TITLE SD SPRINGHILL FL 34606 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS SPRINGHILL FL 34606 STREET ADDRESS SPRINGHILL FL 34606 STREET ADDRESS SPRINGHILL FL 34606 STREET ADDRESS STREET	10.	OFFICERS AND	DIRECTO	RS	11.		ADI	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 11
SIRET ADDRESS CITY-ST-ZIP TITLE DP DP DP Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE VDP DENEDETTI, GERARDA SIREET ADDRESS CITY-ST-ZIP TITLE VDP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SDD Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADD		1 -		☐ Delete						☐ Change	Addition
CITY-ST-ZIP SPRINGHILL FL 34606						- I					
NAME STREET ADDRESS CITY-ST-ZIP TITLE VDP SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS											
STREET ADDRESS CITY-ST-ZIP TITLE VDP STREET ADDRESS CITY-ST-ZIP VDP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE	DP		☐ Delete	TITL	E				Change	☐ Addition
CITY-ST-ZIP VDP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					4	l					•
TITLE NAME BENEDETTI, CARMINE J NAME STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34606 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD DRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP							•				
NAME STREET ADDRESS CITY-ST-ZIP TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE		WEG. I.	☐ Delete	TITLE	E				Change	Addition
CITY-ST-ZIP SPRINGHILL FL 34606 CITY-ST-ZIP TITLE SD CHAnge Addition NAME BENEDETTI, PAOLINO NAME STREET ADDRESS CITY-ST-ZIP TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP		BENEDETTI, CARMINE J									
TITLE SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRE						i		1 C 2 = 1 = 0 = 0 = 1 = 1 = 0 = 0 = 0 = 0 = 0		2 = -	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS		·- · · · · · · · · · · · · · · · · · ·		□ Delete							Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				E Dointe						onango	
TITLE NAME BENEDETTI, MARIO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						ľ					<u>.</u>
NAME STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34606 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS											
STREET ADDRESS CITY-ST-ZIP SPRINGHILL FL 34606 TITLE NAME STREET ADDRESS				□ Delete	1					Unange	Addition
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS	STREET ADDRESS	6890 TREEHAVIN DRIVE				I					
NAME STREET ADDRESS NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP	SPRINGHILL FL 34606			-						
STREET ADDRESS - STREET ADDRESS	TITLE NAME			∟ Delete		- 1				_ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS			,		I					ľ
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that the information	CITY-ST-ZIP										

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:

Davtime Phone #