

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90062 019 \*\*\*\*61.25

**DOCUMENT # N02000004555**

1. Entity Name

**KINGDOM FURNITURE OF BBFTT, INC.**



Principal Place of Business

**8718 N 46TH ST  
TAMPA FL 33617**

Mailing Address

**8718 N 46TH ST  
TAMPA FL 33617**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**75-3061920**

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASON, EARL B SR  
8718 N 46TH ST  
TAMPA FL 33617**

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, EARL B SR	
STREET ADDRESS	13212 BURNES LAKE DR	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, CARLOS	
STREET ADDRESS	4504 LACE CASCADE CT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUNTE, ANNE	
STREET ADDRESS	17911 VILLA CREEK DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	METCALF, IRIS C	
STREET ADDRESS	5458 PENTAIL CIRCLE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAY, CAROL	
STREET ADDRESS	2521 E STANLEY-MATTHEWS CIR	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mason, Earl B. Sr	
STREET ADDRESS	P.O. Box 1720	
CITY-ST-ZIP	Seffner, FL 33583-1720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hutchinson, Anne	
STREET ADDRESS	17911 Villa Creek Drive	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/2003**

Date

**(813) 980-0569**

Daytime Phone #

CR2E037 (10/02)