FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91299 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044198

1. Entity Name
LAND & SEA UPHOLSTERY CONTRACTOR, INC.

11024046

Principal Place of Business	Mailing Address
1051 S DIXIE HWY BLDG 8 BAY 1718 POMPANO BEACH, FL 33060	1051 S DIXIE HWY BLDG 8 BAY 1718 POMPANO BEACH, FL 33060

2. Principal Place of Business	3. Mailing Address
1682 Laramie Cir	1682 Laramie Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32940 Country: U.S.	Zip: 32940 Country: U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1004903 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOFIL & NOFIL, P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent

Name: Joseph K. Nofil, P.A.
Street Address (P.O. Box Number is Not Acceptable): 3284 N. State Rd 7
City: Laud Lakes FL Zip Code: 33319

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] Joseph K. Nofil 4/23/03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MUNOZ, LUIS	NAME	
STREET ADDRESS	3147 NW 69TH COURT	STREET ADDRESS	1682 Laramie Circle
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP	Melbourne, FL 32940
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: [signature] President 4/23/03 (321)863-0813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #