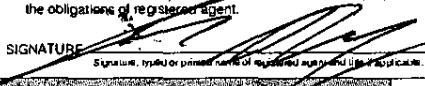
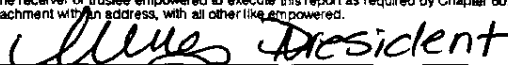


FILED
Apr 28, 2003 8:00 am
Secretary of State

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.		
Principal Place of Business 1051 S DDQE HWY BLDG 8 BAY 1718 POMPANO BEACH, FL 33060		Mailing Address 1051 S DDQE HWY BLDG 8 BAY 1718 POMPANO BEACH, FL 33060
2. Principal Place of Business 1682 Laramie Cir		3. Mailing Address 1682 Laramie Cir
City & State Melbourne, FL		City & State Melbourne, FL
Zip 32940		Country U.S.
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: Lauder 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:  Joseph K. Nofil DATE: 4/23/03 Signature, typed or printed name of registered agent and if applicable, (NOTE: Registered Agent signature required when submitting)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS TITLE: PSTD NAME: MUNOZ, LUIS ☐ Delete STREET ADDRESS: 3147 NW 69TH COURT CITY-ST-ZIP: FORT LAUDERDALE, FL 33309		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: ☒ Change ☐ Addition NAME: 1682 Laramie Circle STREET ADDRESS: Melbourne, FL 32940		
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:  President DATE: 4/23/03 321/863-0813 SIGNATURE AND SAVED OFFICER'S NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

CR2E034 (10/02)