FILED

## 2003 FOR PROFIT CORPORATION

## Jul 31, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR **Secretary of State** P00000047868 DOCUMENT # 07-31-2003 90073 031 \*\*\*150.00 1. Entity Name ELEGANCE FURNITURE INC. Principal Place of Business Mailing Address P.O. BNX 56612 10298 TRIPLE CROWN AVE JACKSONVILLE FL 32241 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address P. O. 56612 Box 56612 Suite, Apt. #, etc Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Jeckson City & State City & State 4. FEi Number Applied For 59-3684454 Not Applicable Locksmuill Country \$8.75 Additional 5. Certificate of Status Desired 322 41 32241 DUVA Fee Required <u>.Du.v.ai</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Flysee <u>Ecclesiastre</u> ECCLESIASTRE, ELYSEE Street Address (P.O. Box Number is Not Acceptable) 10298-TRIPLE-CROWN-AVE-Belmont -JACKSONVILLE FL-32257-Jacksonville 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 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 П Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. : OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (4/03) TITLE ☐ Delete TITLE Change ☐ Addition Elysee Ecclesiastre ECCLESIATRE, ELYSEE NAME NAME 100 Belmont Drive 10298 TRIPLE-CROWN AVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP Locksonville FL 32259 Change TITLE TITLE ☐ Delete ☐ Addition Nelcie Ecclesiastra NAME ECCLESIATRE, NELCIE NAME 100 Belmont Dr STREET ADDRESS 10298-TRIPLE-CROWN AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP Jacksonville FL TITLE Delete TITLE ☐ Change -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby 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 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-7IP

CITY-ST-ZIP

TITLE

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NAME

☐ Delete

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Addition

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Elegance Furniture Inc P.O. Box 56612 Jacksonville, FL 32241

July 28, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We are writing to request a waiver of the \$400 late fee. Enclosed, please find a check of \$150.00 and the application for the 2003 Uniform Business Report. Unfortunately, the only notice we received was the one after the dead line of June 6, 2003.

We did not receive a prior notice from the division.

Thank you,

Elysee Ecclesiastre