2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000078040 DOCUMENT

1. Entity Name

STRINGER FURNITURE, INC.

|--|

FILED Mar 05, 2003 8:00 am § Secretary of State 03-05-2003 90036 011 ***150.00

Principal Place of Business Mailing Address					
912 N TAMIAMI TRAIL		912 N TAMIAMI TRAIL	•		
RUSKIN FL 33570		RUSKIN FL 33570			
]	•••			A REGIONAL DEL DENNI MOTRE MATRE MATRE ANDRE ANDRE ANDRE ANNO ROLLE ANDRE ANDRE AND ANDRE AND ANDRE AND AND AND	
2. Principal Place of Business 3. Maili		3. Mailing Address			
2. Fillidipati lade of Edelinose		or maining / taurooo		,	
Suite, Apt.	# etc	Suite, Apt. #, etc.		–	
odito, ripi	", 0.0.	Cano, ripti ir, cto.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number To 200077 Applied For	
Oity & State		City & State		4. FEI Number 59-3662377 Not Applicable	
~*·	1 0		I Caustini		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	
	A Name and Address of Comment D			<u> </u>	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent	
			Name		
STRINGER	r, robert s		Street Address	s (P.O. Box Number is Not Acceptable)	
912 N TAMIAMI TRAIL					
RUSKIN F	33570				
110011111	L 00070				
	ą.·		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.					
ino obligations of registered agent.					
SIGNATURE					
	Signature, typed or printed name of registered agent ar	d title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00					
After May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be	
Make Check Payable to Florida Department of State				Trust Fund Contribution. Added to Fees	
			T 44	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10.	OFFICERS AND E		11,		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	STRINGER, ROBERT S		NAME		
STREET ADDRESS	912 N TAMIAMI TRAIL		STREET ADDRESS	};	
CITY-ST-ZIP	RUSKIN FL 33570		CITY-ST-ZIP	\{\bar{\alpha}	
TITLE	n	☐ Delete	TITLE	☐ Change ☐ Addition \ 9	
NAME	STRINGER, CAROL T		NAME		
STREET ADDRESS	912 N TAMIAMI TRAIL		STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL 33570	المعليمين المستعدد التوا	CITY-ST-ZIP		
TITLE	THOUSEN TE GOOT O	☐ Delete	TITLE	☐ Change ☐ Addition	
TITLE		LI Delete	NAME	Li Orange Li Addition	
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	
NAME			NAME	J Shangs Light House	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
0111-31-ZIP	1		0111-31-4IF	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition