

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90016 041 ***150.00

DOCUMENT # P00000083472

1. Entity Name

AM UPHOLSTERY, INC.

Principal Place of Business

**4435 SUNBEAM RD.
 JACKSONVILLE FL 32257**

Mailing Address

**4435 SUNBEAM RD.
 JACKSONVILLE FL 32257**

2. Principal Place of Business

6541 Powers Ave Suite 11

3. Mailing Address

6541 Powers Ave Suite 11

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

Country

32217 USA

Zip

Country

32217 USA

4. FEI Number

59-3668055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GIGLIO, MICHAEL
 4435 SUNBEAM RD.
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name **Michael F. Giglio**
 Street Address (P.O. Box Number is Not Acceptable) **6541 Powers Ave**
Suite 11
 City **Jacksonville FL** Zip Code **32217**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **GIGLIO, MICHAEL**
 STREET ADDRESS **4435 SUNBEAM RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

904 733 7810

CR2E034 (9/01)