## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000083472 DOCUMENT #

1. Entity Name



## FILED Jan 15, 2003 8:00 am Secretary of State

AM UPHOLSTERY, INC.				01-13-2003 90300 004 130.00		
Principal Place of Business 6541 POWERS AVE SUITE 11 JACKSONVILLE FL 32217		Mailing Address 6541 POWERS AVE SUITE 11 JACKSONVILLE FL 32217			ET LINK BIBNI JEDIA JIBN 1881	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3668055 Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$	Not Applicable  8.75 Additional	
	6. Name and Address of Curren	t Registered Agent	1	7. Name and Address of New Registered Ag	ee Required	
010110	410414545		Name	The state of the s	ent	
GIGLIO, MICHAEL F 6541 POWERS AVE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 11					<del></del>	
JACKSONVILLE FL 32217			City	FL Zip Code		
SIGNATURE F Afte Make Chec	Signature, typed or printed name of registered agen FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	t and title if applicable. (NO	TE: Registered Agent signature requi	ritered agent, or both, in the State of Florida. 1 am fan  DATE  9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	GIGLIO, MICHAEL 4435 SUNBEAM RD. JACKSONVILLE FL 32257	□ Delete	TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	·	Change Addition	
title Name		☐ Delete	TITLE NAME		Change   Addition	
STREET ADDRESS CITY-ST-ZIP	• 	<del></del>	STREET ADDRESS - CITY-ST-ZIP	المرازع المستعين المسادحة المتحديث	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
NAME STREET ADDRESS CITY-ST-ZIP	÷	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		Change	

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 AND TYPED OR PRINTED NAME OF SIGNING

904 733 7810