

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90204 023 ***150.00

DOCUMENT # P00000096044

1. Entity Name
SUNDAZE HOME FURNISHINGS, INC.

Principal Place of Business
**1413 S. FLETCHER AVENUE
 FERNANDINA BEACH FL 32034**

Mailing Address
**1413 S. FLETCHER AVENUE
 FERNANDINA BEACH FL 32034**

2. Principal Place of Business
218 Ash Street

3. Mailing Address
218 Ash Street

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
B

City & State
Fernandina Beach, FL

City & State
Fernandina Beach, FL

Zip
32034

Country
Norcan

Zip
32034

Country
Norcan

4. FEI Number **59-3675291**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWINSON, STACIA S
 1413 S. FLETCHER AVENUE
 FERNANDINA BEACH FL 32034**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 SWINSON, STACIA S
 1413 S. FLETCHER AVENUE
 FERNANDINA BEACH FL 32034** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVD
 STRICKLAND, TARA
 1413 S. FLETCHER AVENUE
 FERNANDINA BEACH FL 32034** ☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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: *Stacia S. Swinson* **Stacia S. Swinson** 4/27/01 2616726 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)