

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92210 009 ***150.00

0159103 AV

DOCUMENT # P00000096791

1. Entity Name
ECLECTIC FURNITURE DESIGN, INC.



Principal Place of Business
**1945 HAYES STREET
HOLLYWOOD FL 33020**

Mailing Address
**1945 HAYES STREET
HOLLYWOOD FL 33020**

11041892



2. Principal Place of Business

2450 SW 56 AV

3. Mailing Address

2450 SW 56 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

4. FEI Number

65-1048796

Applied For

Not Applicable

Zip

33023

Country

Zip

33023

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BODOC, NEIL
22455 GARFIELD ST APT 3
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name **BODOC, NEIL**
Street Address (P.O. Box Number is Not Acceptable)
2609 SCOTT ST
City **HOLLYWOOD** FL Zip Code **33020**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.30.03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **BODOC, NEIL**
STREET ADDRESS **1945 HAYES STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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

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.

SIGNATURE:

Neil BODOC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)