

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am  
Secretary of State

03-05-2001 90095 001 \*\*\*\*\*8.75  
03-05-2001 90095 002 \*\*\*150.00

DOCUMENT # P00000116745

1. Entity Name

SOFAS & SEATS, INC.

Principal Place of Business

Mailing Address

3080 AIRLINE BLVD.  
PORTSMOUTH VA 23701

3080 AIRLINE BLVD.  
PORTSMOUTH VA 23701

2. Principal Place of Business

3. Mailing Address

9280 Arlington Expressway 3080 Airline Blvd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Portsmouth VA

Zip

Country

Zip

Country

32225

23701

4. FEI Number

Applied For

233041492

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

UCC FILING & SEARCH SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

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 ☐ Delete  
NAME D  
STREET ADDRESS CONWAY, JAMES S  
CITY-ST-ZIP 3080 AIRLINE BLVD.  
PORTSMOUTH VA 23701

TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Nauman-Richardson, Robin  
CITY-ST-ZIP 3080 Airline Blvd.  
Portsmouth, VA 23701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

Date

Daytime Phone #

2/23/01 7574881129

CR2E034 (10/00)