


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

<b>DOCUMENT # P01000008013</b>		
1. Entity Name NEW LEAF FURNITURE REPAIR, INC.		
Principal Place of Business 4712 N CLARK AVE TAMPA, FL 33614		Mailing Address 4712 N CLARK AVE TAMPA, FL 33614
2. Principal Place of Business		3. Mailing Address
State, Apt. #, etc.		State, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 58-3893571		Applied For Not Applicable
5. Name and Address of Current Registered Agent COHEN, ROBERT F 2818 BUSCH LAKE BLVD TAMPA, FL 33614		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent		
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: <i>Robert Cohen</i>		DATE: 4/30/03
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALZANO, WILLIAM 4712 N CLARK AVE B-C TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), Florida Statutes. I further certify that the information furnished 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 partner or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, who is either the empowered.		
SIGNATURE: <i>Robert Cohen</i>		DATE: 4/30/03 (813)354-7518

11040481



CHECK HERE IF MAKING CHANGE

CRE0304 (10/02)