

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100008013

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: State, Apt. #, etc.
3. Mailing Address: State, Apt. #, etc.

City & State: City & State
Zip: Country Zip: Country

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. Name and Address of New Registered Agent: Name: Street Address (P.O. Box Number is Not Acceptable): City: State: FL Zip Code:

7. 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: *Robert Cohen* DATE: **4/30/03**

8. Election Campaign Financing: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: BALZANO, WILLIAM STREET ADDRESS: 4712 N CLARK AVE B-C CITY-ST-ZIP: TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Cohen* DATE: **4/30/03 (813)354-7518**

11040481



CHECK HERE IF MAKING CHANGE

CRE0304 (10/02)