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FILED
Aug 27, 2002 8:00 am
Secretary of State

04-08-2002 90253 011 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020886

1. Entity Name
FANTASY FURNITURE INC.

Principal Place of Business
7216 N DALE MABRY STE B
TAMPA FL 33614

Mailing Address
7216 N DALE MABRY STE B
TAMPA FL 33614

42210

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7214 N. DALE MABRY
Suite Apt. #, etc.: B
City & State: Tampa FL
Zip: 33614
Country: FL

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number: 59-413-645-2 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
HEINLEIN, MARK
7216 N DALE MABRY STE B
TAMPA FL 33614

7. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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, 2002 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

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

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

[redacted]	☐ Change ☐ Addition
TITLE / NAME: MARK HEINLEIN / STREET ADDRESS: 7214 N. DALE MABRY / CITY-ST-ZIP	
[redacted]	☐ Change ☐ Addition
TITLE / NAME: ROBERT HEINLEIN / STREET ADDRESS: 7214 N. DALE MABRY / CITY-ST-ZIP: TAMPA FL 33614	
[redacted]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME: MARILYN MARQUEZ / STREET ADDRESS: 7214 N. DALE MABRY / CITY-ST-ZIP: TAMPA FL 33614	☐ Change ☐ Addition
[redacted]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-02-2002

Daytime Phone #: 813 249-0978