2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/28

FILED
May 19, 2003 8:00 am
Secretary of State
04-28-2003 90196 015 ***150.00

DOCUMENT # P01000042677

1. Entity Name
AMERICAN FURNITURE REPAIR, INC.

Principal Place of Business	Mailing Address
~~769 ANDOVER CIRCLE~~	~~769 ANDOVER CIRCLE~~
~~WINTER SPRINGS FL 32708-6113~~	~~WINTER SPRINGS FL 32708-6113~~
CHANGE!	CHANGE!

2. Principal Place of Business	3. Mailing Address
17518 OSPREGLEN DR.	1602 TIVERTON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: WINTER SPRINGS, FL
Zip: 32820 Country: USA	Zip: 32708 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3714246 ☐ Applied For ☐ 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
~~CORPORATION SERVICE COMPANY~~ MANDY ADAMS	Name MANDY ADAMS
~~1201 HAYS STREET~~ 17518 OSPREGLEN DR.	Street Address (P.O. Box Number is Not Acceptable) 17518 OSPREGLEN DR.
~~TALLAHASSEE FL 32301-2525~~ ORLANDO, FL 32820	City ORLANDO FL Zip Code 32820

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 Mandy Adams 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, BURTON K 769 ANDOVER CIRCLE WINTER SPRINGS FL 32708-6113 PRESIDENT	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. ADAMS, BURTON K 1602 TIVERTON STREET WINTER SPRINGS, FL 32708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. ADAMS, MANDOLYN 17518 OSPREGLEN DR. ORLANDO, FL 32820	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY TREASURER	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. TREAS. KARL G. IPE 17518 OSPREGLEN DR. ORLANDO, FL 32820	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Mandy Adams 4/24/03 407-568-9600
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR Date Daytime Phone #