

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91788 028 \*\*\*150.00

DOCUMENT # P01000058476

1. Entity Name

WESTLAKE FURNITURE &amp; REFINISHING, INC.

Principal Place of Business

1207 LAKE AVE  
LAKE WORTH FL 33460

Mailing Address

1207 LAKE AVE  
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Refinishing Furniture 1207 Lake Ave  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

1207 LAKE AVE  
City & State1207 Lake Ave  
City & State

Lake Worth FLA

Lake Worth FLA

Zip Country

Zip Country

33460 USA

33460 USA

4. FEI Number

65-1113966

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

MORRIS, ARCHIBALD T III

1207 LAKE AVE  
LAKE WORTH FL 33460

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 fee 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
D MORRIS, ARCHIBALD T III 1207 LAKE AVE LAKE WORTH FL 33460	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:

WESTLAKE FURNITURE &amp; REFINISHING, INC.

April 30, 2002 561-585-8821

Date

Daytime Phone #

CR2E034 (9/01)