

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

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90070 017 ***150.00

DOCUMENT # P01000064736

1. Entity Name

A CORNER CUPBOARD, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1029 SHIMMERING SAND DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1029 SHIMMERING SAND DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCFEE FL

City & State

OCFEE FL

Zip

34761

Country

USA

Zip

34761

Country

USA

4. FEI Number

59-3731569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

THOMAS W. HEADLEY

Street Address (P.O. Box Number is Not Acceptable)

1029 SHIMMERING SAND DRIVE

City

OCFEE

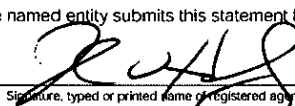
FL

Zip Code

34761

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



THOMAS W. HEADLEY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P/D
THOMAS W. HEADLEY
1029 SHIMMERING SAND DRIVE
OCFEE FL 34761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V/S/D
LISA T. HEADLEY
1029 SHIMMERING SAND DRIVE
OCFEE FL 34761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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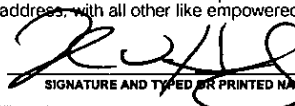
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



THOMAS W. HEADLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02
Date

407.875.2760
Daytime Phone #

CR2E034B (12/01)