

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

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

02-27-2002 90064 019 ***150.00

DOCUMENT # 001000083617

1. Entity Name
EUROPEAN RECLINER GALLERY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1700 TAMiami TRAIL

3. Mailing Address

Suite, Apt. #, etc.

City & State SAME

DO NOT WRITE IN THIS SPACE

City & State
PORT CHARLOTTE, FL

4. FEI Number
65-1132683

Applied For
Not Applicable

Zip
33948

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CHARLES W. BROOKS

Street Address (P.O. Box Number is Not Acceptable)
0276 SHADOWOOD CIR

City NAPLES FL Zip Code 34112

**DO NOT WRITE
IN THIS SPACE**

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 MICHAEL E EMERSON T/D
Signature, typed or printed name of registered agent and title if applicable.

2/12/02
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 P/D
NAME PATRICIA M. EMERSON
STREET ADDRESS 4264 TREE TOPS DR.
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE V/D
NAME CHARLES W. BROOKS
STREET ADDRESS 4264 TREETOPS DR.
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE T/D
NAME MICHAEL E EMERSON
STREET ADDRESS 161 BRAMPTON LN
CITY-ST-ZIP NAPLES, FL 34104

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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: MICHAEL E EMERSON 2/12/02 9415939119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)