


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90925 001 ***150.00
 05-01-2003 90925 002 *****8.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000004459		
1. Entity Name FURNITURE PHYSICIANS, INC.		
Principal Place of Business 3936 S. SEMORAN BLVD ORLANDO, FL 32822		Mailing Address 3936 S. SEMORAN BLVD ORLANDO, FL 32822
2. Principal Place of Business <i>3936 S. Semoran Blvd</i>		3. Mailing Address <i>Same</i>
Suite, Apt. #, etc. <i>491</i>		State, Apt. #, etc.
City & State <i>Orlando FL</i>		City & State
Zip <i>32822</i>	Country <i>U.S.A.</i>	Zip Country
4. FEI Number <i>02-0536193</i>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MATHERS, TAMMY 3966 TOWNCENTER BOULEVARD, #303 ORLANDO, FL 32837		7. Name and Address of New Registered Agent
Name <i>3936 S. Semoran Blvd</i> <i>#491</i> <i>Orlando, FL 32822</i>		Street Address (P.O. Box Number is Not Acceptable)
City <i>Orlando, FL</i>		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. I am familiar with, and accept the obligations of, registered agent.		
SIGNATURE <i>Tammy Mathers</i>		<i>4/22/03</i>
<small>Signature of principal or registered agent and title (if applicable) (NOTE: Registered Agent's name is not required when submitting) DATE</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <input type="checkbox"/> Delete NAME MATHERS, TAMMY STREET ADDRESS 3966 TOWNCENTER BOULEVARD, #303 CITY-ST-ZIP ORLANDO, FL 32837	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>3936 S. Semoran Blvd</i> STREET ADDRESS <i>Orlando, FL 32822</i> CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 in an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Tammy Mathers</i>		<i>4/22/03 407-812-4576</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Device Phone #</small>

CR2004 (10/02)