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

P02000046738

**DOCUMENT #** 1. Entity Name

WINTER PARK FURNITURE, INC.



04-24-2003 90155 016 \*\*\*150.00

FILED
Apr 24, 2003 8:00 am
Secretary of State

Principal Place of Business 460 N ORLANDO AVENUE SUITE 109 WINTER PARK FL 32789				460 N	Mailing Address 480 N ORLANDO AVENUE SUITE 109 WINTER PARK FL 32789											
2. Principal F 460	N. OR		DO AVE.	_	3. Mailing Address Correct as above								<b>edi</b> il <b>i e</b> ili	BELLI ELEM	<b>6</b> 1111  1 <b>448</b>	
Suite, Apt.	-	1246		Suite	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
<u> ろ</u> 促』 City & Stat	e	017		City & State					4. FEI Number Applied For							
WINT	ER PI		1 32789	Zip Country			A								t Applicable	
Zip		Country	<del>/</del>	Zip	Zip Country				<b>5</b> , C	Certificate	of Status	s Desired	d [		<b>8.75</b> Add e Require	
	6. Name	and Add	ress of Current F	Registered	d Agent		<u> </u>	-,	7. N	lame and	Addres	s of Nev	v Regist	ered Ag	ent	
NEEL 01							Name					-				
NEEL, GLE			ITC 400		Street Address				(P.O. Box Number is Not Acceptable)							
	lando avi ARK FL 32'		HE 109													
WINTER P	AUN EL 92		· ·											<del></del> -		
	,		*				City							FL	Zip Code	9
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 Signature types or prince name of registered agent and title if applicable. If (NOTE: Registered Agent signature required when reinstating)  DATE  PLE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be																
			ill be \$550.00 Department of	State	ı				•		ıst Fund			" · · □		to Fees
10.			OFFICERS AND (		RS	11.			—_L ADI	DITIONS	CHANG	ES TO O	FFICERS	AND D	RECTORS	3 IN 11
NAME STREET ADDRESS		Lando a	VENUE SUITE	109	☐ Delete	-	E ET ADDRESS	**						[	_ Change	Addition
	WINTER P.	ARK FL 3	2/89				-ST-ZIP								7.01	
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12. I hereby o	ertify that the	e information	on supplied with t	this filing c	does not qualify for th	e exer	notion stated	Lin Sect	tion 1	19 07(3)(	i) Florida	a Statute	s Lfurthi	er certify	that the in	formation

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 light empowered.

SIGNATURE:

Daytime Phone #