

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91879 006 ***150.00

0001004 AT

DOCUMENT # P02000133200

1. Entity Name

VERMILLION'S FURNITURE, INC.



Principal Place of Business

335 BEVILLE ROAD
SOUTH DAYTONA FL 32119

Mailing Address

335 BEVILLE ROAD
SOUTH DAYTONA FL 32119

2. Principal Place of Business

3350 S. RIDGEWOOD AVE.

3. Mailing Address

3350 S. RIDGEWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

Zip

32129

Country

USA

Zip

32129

Country

USA

4. FEI Number

13-4229011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VAN HOUTEN, MICHAEL A
114 SOUTH PALMETTO AVE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name
PAUL A. VERMILLION
Street Address (P.O. Box Number is Not Acceptable)

6230 CRANBERRY DR.

City
PORT ORANGE

FL

Zip Code

32127

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

Paul A. Vermillion PRESIDENT - PAUL VERMILLION 4-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPT
VERMILLION, PAUL A
STREET ADDRESS
335 BEVILLE ROAD
CITY-ST-ZIP
SOUTH DAYTONA FL 32119 ☐ Delete

TITLE
NAME
DVS
VERMILLION, SUSAN E
STREET ADDRESS
335 BEVILLE ROAD
CITY-ST-ZIP
SOUTH DAYTONA FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
DPT
PAUL A. VERMILLION
STREET ADDRESS
3350 S. RIDGEWOOD AVE
CITY-ST-ZIP
PORT ORANGE, FL 32129 ☒ Change ☐ Addition

TITLE
NAME
DVS
SUSAN E. VERMILLION
STREET ADDRESS
3350 S. RIDGEWOOD AVE.
CITY-ST-ZIP
PORT ORANGE, FL 32129 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul A. Vermillion 4-28-03 (386)756-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)