

2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT #	P04000086650
1. Entity Name	
MARUCCI'S FURNITURE, INC	

FILED
06 MAR 21 4:07
SECRET
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9268 CORTEZ BLVD.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BROOKSVILLE, FL		City & State	
Zip 34613	Country	Zip	Country

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DO NOT WRITE IN THIS SPACE	4. FEI Number 20-1193808		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name SALLY MARUCCI		
	Street Address (P.O. Box Number is Not Acceptable) 9268 CORTEZ BLVD.		
City BROOKSVILLE		FL	Zip Code 34613

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 Sally Marucci DATE 3/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANTHONY MARUCCI 6225 ANSLEY STREET SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800069965428 04/10/06-01071-018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SALLY MARUCCI 6225 ANSLEY STREET SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sally Marucci DATE 3/14/06 DAYTIME PHONE # 352-597-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR