

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

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90215 017 ***150.00

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

DO NOT WRITE IN THIS SPACE

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

40048410

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
20-1193808		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
SALLY MARUCCI	
Street Address (P.O. Box Number is Not Acceptable)	
6225 ANSLEY ST 4110 Charmwood Ave	
City	Zip Code
SPRING HILL	FL 34606 34609

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; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11.	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	PRESIDENT	ANTHONY MARUCCI	6225 ANSLEY ST 4110 Charmwood Ave		
		SPRING HILL, FL 34606	34609		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	VICE PRESIDENT	SALLY MARUCCI	6225 ANSLEY ST 4110 Charmwood Ave		
		SPRING HILL, FL 34606	34609		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08 352-597-0811
Date Daytime Phone #