2002 UNIFORM BUS	INESS REPO	RT (UBF	R)
DOCUMENT # P9300	0014532	2	FILED
Superior Bedrooms Inc.			00 NOV 13 PH 3: 27
Principal Place of Business	Mailing Address		OFFICE APPLICATION OF STATE
6886 N. 9th Cene	, Sam	e	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Pensacola, 71 3250		·	
Principal Place of Business	3. Mailing Address	nl_	
Suite, Apt. #, etc.	Suite, Apt. #, etc	,	DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired
6Name and Address of Curren	t Registered Agent	Name C	7. Name and Address of New Registered Agent
Elmer Weare & 37 Bayshare	Items Dr.	Street Ac	Elmer Deane Githens Address (P.O. Box Number is Not Acceptable) 37 Bayshore Dr.
Pensacola 71	32507	City	Pensacola FL 32507
. The above named entity submits his statement	or the purpose of changing its	registered office or	or registered agent, or both, in the State of Florida.
IGNATURE Signature, typed of printed name of registered ager	ut and title if applicable. (NOTI	E: Registered Agent signatu	ature required when reinstating)  DATE  DATE
This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so: (See criteria on back)		III FEE IS \$150.0 00 Fee will be \$5 de to Department	550:00 Trust Fund Contribution. Added to Fees
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THE Elmer D. Gither Breet ADDRESS 37 Bayanare Dy	Delete	TITLE NAME STREET ADDRESS	Honey Coughlan.
TY-ST-ZIP Pensacola, 71, 3	2507	CITY-ST-ZIP	7t. Walton Bch, 71 32547
TLE .	☐ Delete	TITLE NAME	Chenge Additio
TY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	-12/06/0001011009
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ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additio
ST-ZIP		CITY-ST-ZIP	1
I hereby certify that the information supplied wi indicated on this report or supplemental report of the corporation or the receiver or trustee emchanged, or on an attachment with an address	is true and accurate and that r powered to execute this report	r the exemption stat ny signature shall ha as required by Cha	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director appears 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the same of the s

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## SUPERIOR FURNITURE

6886 N. 9<sup>th</sup> Avenue. • PENSACOLA, FL 32504 PHONE (850) 471-1899 • FAX (850) 471-2644

November 16, 2000

Kathy Ashton Division of Corporations P.O.Box 6327 Tallahassee, Fl 32314

Subject: Superior Bedrooms, Inc Ref. Number: P93000014532 Letter Number: 100A00057364

Dear Ms. Ashton

I spoke to someone in your office about this matter just after the expiration date. I explained that we had moved our Corp. offices in September of 1999 and we had not received a notice for Corp. fees due because our automatic address forwarding from the Post Office had run out when the notice was sent. Your Rep. told me to fill out the report and the fee would only be \$150.00. I was not instructed to send a letter. I called upon receiving this letter (enclosed) and was instructed to send this letter. Please accept my \$150.00 payment and reinstate our Corporation.

Sincerely

E.D.Githens