

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2000 08:00 AM****Secretary of State****DOCUMENT # P94000033054****1. Entity Name**

MID-FLORIDA TEXTILES AND FURNISHINGS, INC.

Principal Place of Business4677 L. B. MCLEOD ROAD
SUITE G
ORLANDO
32811

FL

Mailing Address4677 L. B. MCLEOD ROAD
SUITE G
ORLANDO
32811

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****59-3256432****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentDOWMAN WALTER
10731 PRIEBE ROADCLERMONT
34711

US

FL

7. Name and Address of New Registered Agent**Name**

DOWMAN WALTER

Street Address (P.O. Box Number is Not Acceptable)

4677 L.B. MCLEOD ROAD

SUITE GCity
ORLANDO**FL**Zip Code
32811**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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

03/07/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	ST	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32824	<input type="checkbox"/> Delete
	ARWIN	GARY L	463 LYTTM CIR	ORLANDO	FL	32824	<input type="checkbox"/> Delete

TITLE	VP	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32804	<input type="checkbox"/> Delete
	BUDNIK	RICHARD A	1204 SHADY LANE DR	ORLANDO	FL	32804	<input type="checkbox"/> Delete

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34711	<input type="checkbox"/> Delete
	DOWMAN	WALTER J	10731 PRIEBE ROAD	CLERMONT	FL	34711	<input type="checkbox"/> Delete

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32824	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	ARWIN	GARY L	463 LYTTON CIR	ORLANDO	FL	32824	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** Gary Arwin

Secy 03/07/2000