08-25-2003 90106 032 ****61.25
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# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) - AMEND

03 AUG 28 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059763

1. Entity Name
FAST FURNITURE REPAIR, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4107 59TH PLACE EAST | 4107 59TH PLACE EAST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| BRADENTON, FL 34203 | BRADENTON, FL 34203 |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0510254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: STEPHEN F. VOIGT, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2042 BEE RIDGE ROAD

City: SARASOTA FL Zip Code: 34239

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 _____ DATE
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

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
|---|---|
| TITLE | PRESIDENT, VP, SEC. TRES. |
| NAME | DONALD M. CICHOWSKI |
| STREET ADDRESS | 4107 59TH PLACE EAST |
| CITY-ST-ZIP | BRADENTON, FL 34203 |
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/02)

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: Donald M. Cichowski DONALD M. CICHOWSKI, PRES. 8/22/03 941-753-4556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #