

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90205 021 \*\*\*150.00

0609254 AV

**DOCUMENT # P94000073356**

1. Entity Name  
**RELIABLE FURNITURE REPAIR OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**1501 SE DECKER AVE  
STE 107  
STUART FL 34994  
US**

Mailing Address  
**POB 1094  
PALM CITY FL 34991  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0534253**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONIGLIARO, CHARLES**

**2576 NUT CRACKER WAY** *2126 NW Plumbago Tr*  
**PALM CITY FL 34990** *Stuart, FL 34994*

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PVP</b>	<input type="checkbox"/> Delete
NAME	<b>CHARLES CONIGLIARO</b>	
STREET ADDRESS	<b>2576 SW NUTCRACKER WAY</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>DONNA CONIGLIARO</b>	
STREET ADDRESS	<b>2576 SW NUT CRACKER WAY</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Charles Conigliaro</b>	
STREET ADDRESS	<b>2126 NW Plumbago Trail</b>	
CITY-ST-ZIP	<b>Stuart, FL 34994</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Donna Conigliaro</b>	
STREET ADDRESS	<b>2126 NW Plumbago Tr.</b>	
CITY-ST-ZIP	<b>Stuart, FL 34994</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lauren Conigliaro</b>	
STREET ADDRESS	<b>691 NE Stuart St.</b>	
CITY-ST-ZIP	<b>Jensen Beach, FL 34994</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Angela Conigliaro</b>	
STREET ADDRESS	<b>2126 NW Plumbago Trail</b>	
CITY-ST-ZIP	<b>Stuart, FL 34994</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/03 772-220-2240*  
Date Daytime Phone #

CR2E034 (10/02)