2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90208 030 ***150.00

1. Entity Name NORTH NAPLES UPHOLSTE	ERY, INC.	
Principal Place of Business	M. III	Coo we to
	Mailing Address	

Mailing Address

1849-TRADE_CENTER_WAY 1849-TRADE CENTER WAY-NAPLES FL-34109 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address 5400 Taylor Rd 5400 Ta or Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. 103 ☐ CHECK HERE IF MAKING CHANGES 103 City & State City & State 4. FEI Number Naples FL 65-0547121 Applied For Jantes Not Applicable Zip Country Zip Country 34109 Collier \$8.75 Additional 34109 5. Certificate of Status Desired collier 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name KING, TED E Street Address (P.O. Box Number is Not Acceptable)
5400 Tay loc Rd _1849-TRADE-CENTER WAY NAPLES FL 34108 --Suite 103 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVST** ☐ Delete TITLE NAME KING, TED E Change Addition NAME 1849 TRADE CENTER WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108-CITY-ST-ZIP ☐ Delete NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

(10/02)CR2E034