

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000015548

1. Entity Name

ITS'A FUTON, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90018 028 ***150.00

Principal Place of Business

6335 TACOMA DR
PORT RICHEY FL 34668

Mailing Address

6335 TACOMA DR
PORT RICHEY FL 34668-4554

2. Principal Place of Business

31567 U.S. Highway 19 North
Suite, Apt. #, etc.

3. Mailing Address

31567 U.S. Highway North
Suite, Apt. #, etc.

City & State

Palm Harbor, FL 34684

City & State

Palm Harbor, FL 34684

4. FEI Number

59-3301854

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

MALE, ANNE M
9836 US 19
NEW PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name
Anne M. Male

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

31567 U.S. Highway 19 North
Palm Harbor, FL 34684

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.

SIGNATURE: *Anne Marie Male*

Anne M. Male, President

3-30-00

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD MALE, ANNE M 6335 TACOMA DR PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MALE, TERRANCE D. 6335 TACOMA DR PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D 31567 U.S. Highway 19 North Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31567 U.S. Highway 19 North Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gary L. Stettner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shawn T. Barber	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John J. Conway	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Melissa L. Burki	<input type="checkbox"/> Change <input checked="" 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:

Anne Marie Male

Anne M. Male, President

Date

Daytime Phone #

727 781 6599

CR2E034 (9/99)

15000015548

Attachment
00051573

2000 UNIFORM BUSINESS REPORT (UBR)

IT'S A FUTON, INC.

Block 12 Continued: T

(ADDITION)

Jason M. Male
31567 U.S. Highway 19 North
Palm Harbor, FL 34684