

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90043 019 ***150.00

90005782



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P95000072500	
1. Entity Name CARSONS FURNITURE AND BEDDING INC.	

Principal Place of Business 6013 E COLONIAL DRIVE ORLANDO FL 32807	Mailing Address 101 SUNNYTOWN ROAD SUITE 200 CASSELBERRY FL 32707
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3339288	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent
HECKER, ANDREW J 6013 E COLONIAL DRIVE ORLANDO FL 32807

7. Name and Address of New Registered Agent
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS
TITLE DP NAME HECKER, ANDREW J STREET ADDRESS 6013 E COLONIAL DRIVE CITY-ST-ZIP ORLANDO FL 32807 <input type="checkbox"/> Delete
TITLE DT NAME HECKER, ANDREW R STREET ADDRESS 6013 E COLONIAL DRIVE CITY-ST-ZIP ORLANDO FL 32807 <input type="checkbox"/> Delete
TITLE VP NAME GRIFFITH, LEE R STREET ADDRESS 6013 E COLONIAL DR CITY-ST-ZIP ORLANDO FL 32807 <input type="checkbox"/> Delete
TITLE S NAME GRIFFITH, SANDRA L STREET ADDRESS 6013 E COLONIAL DR CITY-ST-ZIP ORLANDO FL 32807 <input type="checkbox"/> Delete
TITLE AT NAME HECKER, VICTORIA STREET ADDRESS 6013 E COLONIAL DRIVE CITY-ST-ZIP ORLANDO FL 32807 <input type="checkbox"/> Delete
TITLE DT NAME HECKER, CHRISTINA STREET ADDRESS 6013 E COLONIAL DRIVE CITY-ST-ZIP ORLANDO FL 32807 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra Lee Griffith* **Sandra Lee Griffith** **1-15-03** **407-277-0000**

CR2E034 (10/02)