

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022338

1. Entity Name

THE FUTON EXPRESS, INC.

Principal Place of Business

5675 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address

5675 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328-6100

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WHITEHAIR, LEWIS J
4541 SW 25 AVE
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name WHITEHAIR, LEWIS J.
Street Address (P.O. Box Number is Not Acceptable)
1465 N.E. 24 COURT
City WILTON MANORS FL Zip Code 33305

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

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	P	<input type="checkbox"/> Delete
NAME	WHITEHAIR, LEWIS J	
STREET ADDRESS	4541 SW 25 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRISKEY, MICHAEL B	
STREET ADDRESS	2500 NE 36ST	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitehair, Lewis J.	
STREET ADDRESS	1465 NE 24 CT	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISKEY, MICHAEL B.	
STREET ADDRESS	1465 NE 24 CT	
CITY-ST-ZIP	WILTON MANORS FL 33305	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL B. FRISKEY 4/21/00 (954) 565 4629
Date Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90004 050 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0646746** ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)