

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066416

1. Entity Name
MODUS UPHOLSTERY, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90019 033 ***150.00

Principal Place of Business

Mailing Address

3625 S.W. 30TH AVENUE
BLDG. #1
FT. LAUDERDALE FL 33312

3625 S.W. 30TH AVENUE
BLDG. #1
FT. LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0690171

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

MCNAUGHTON, KEITH A
6263 NW 42 ST
SUITE 200
CORAL SPRINGS FL 33067

Name MC NAUGHTON KEITH A
Street Address (P.O. Box Number is Not Acceptable)
12206 NW 48 DRIVE
City CORAL SPRINGS FL Zip Code 33076

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 *Keith A. McNaughton*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/15/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MCNAUGHTON, KEITH	
STREET ADDRESS	6263 NW 42 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCNAUGHTON, PATRICIA HEYLA	
STREET ADDRESS	6263 NW 42 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
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	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNAUGHTON KEITH A.	
STREET ADDRESS	12206 NW 48 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNAUGHTON, PATRICIA H.	
STREET ADDRESS	12206 NW 48 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
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		
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: *Keith A. McNaughton* KEITH A. MCNAUGHTON 3/15/01 (954) 581-7197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)