

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097909

1. Entity Name
FLORIDA FURNITURE & REUPHOLSTERY, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90025 041 ***150.00

Principal Place of Business

1910 HONDA, R4-4
FORT MYERS FL 33907

Mailing Address

1910 HONDA, R4-4
FORT MYERS FL 33907-2135

2. Principal Place of Business

1941-1 PARK MEADOW
Suite, Apt. #, etc.

3. Mailing Address

1941-1 PARK MEADOW
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT MYERS
33907
Lee

City & State

FT MYERS FL
33907
Lee

4. FEI Number

65-0655817

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GWIZDALA, ROBERT L
1910 HONDA, R4-4
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name: Robert L. Gwizdala
Street Address (P.O. Box Number is Not Acceptable): 1941-1 PARK MEADOW
City: FT MYERS FL Zip Code: 33907

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
NAME: GWIZDALA, ROBERT L
STREET ADDRESS: 1910 HONDA, R4-4
CITY-ST-ZIP: 1941-1 PARK MEADOW FORT MYERS FL 33907

TITLE: D
NAME: FLEENER, ROGBER
STREET ADDRESS: 1910 HONDA 44
CITY-ST-ZIP: 1941-1 PARK MEADOW FT MYER FL 33907

TITLE: V. PRES.
NAME: NANCY GWIZDALA
STREET ADDRESS: 1941-1 PARK MEADOW
CITY-ST-ZIP: FT MYERS FLA 33907

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)