FILED Apr 26, 1999 8:00 am Secretary of State



FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

,	1999	DIVISION OF CO	ORPORATIONS	04-26-1999 90167 00	07 ***150.00
<del></del>	MENT # P96000	000507			
Corpor ation	Name # P90000	099507			
C&SM	IFG. & UPHOLSTERY, INC.				
1				1 10611961 110 1111 61111 6111 16111 16111 16111 16111 16111 16111 16111 16111 16111 16111 16111 16111 16111 1	
Principal Flace	of Business	Mailing Address		( (BB))   10   10   10   10   10   10   10	. 16112 (210) 21(1) H2(1) (20) (20)
12355-B 62ND 9	ST. N	12355-B 62ND ST. N			
LARGO FL 3377	3	LARGO FL 33773		DO NOT WRITE IN TH	IS SPACE
US		U\$		3. Date Incorporated or Qualifed	10 SI NOL
{				12/09/1996	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3412966	No Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		J. Certificate of Oldida Desired	Fee Required
City & E tate	e	City & State		6. Electic n Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	Intangible ☐ Yes <b>I</b> No
24	25   9. Name and Address of Current		30	Personal Property Tax.  10. Name and Address of New Registers	
	9. Name and Address of Current	Registered Agent	81 Name	10. Haine and Address of New Address	
SING	ILETON, CINDY J				
12355-B 62ND ST, N. 82 Stree			82 Street Add	dress (P.O. Bo) Number is Not Acceptable)	
LARO	GO FL 33773		83		
ļ					as Zin Coda
			84 City	F	85 Zip Code
11. Pursuanti	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named cor	rporation submits this statement for the purpose	of changing its registered
office cra	egistered agent, or both, in the State on familiar with, and accept the obligat	r f Fforida. Such change was ∋u	thorized by the corporat	tion's board of (lirectors, I hereby accept the apr	ointment as reg stered
SIGNATURE					
SIGNATURE	Signature, typed or printed na ne of registered agen		Registered Agent signature requi		
12.	OFFICERS AN	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS /	Change Addition
TITLE	P CINDY I	C7 nere te	1.1 TITLE		Conside Change
NAME	SINGLETON, CINDY J 435 16TH AVE SE SUITE 614		1.2 NAME		
STREET ADORE 3S	LARGO FL 33771-4420		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VTS	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAMÉ	BUKAS, MARY E	ي عدد ال	2.2 NAME		_ <b>, _</b>
STREET ADDRESS	11500-110TH ST N		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33778-3210		2.4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		☐ pereie			☐ 2a32 ☐ \.00m0\.

CITY-ST-ZIP 14. 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 annual report or supplemental a inual report is true and accurate and that my signature shall have the same legal effect as if made uncer 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 13 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

NAME

STREET ADDRES 3