

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000036224 P**  
 1. Entity Name  
**EXOTIC FURNITURE IMPORTS INC.**

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90212 006 \*\*\*150.00

Principal Place of Business Mailing Address  
**7214 N. DALE MABRY 7214 N. DALE MABRY**  
**TAMPA FL 33614 TAMPA FL 33614**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3120452** Applied For  
 Not Applicable

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

**STETHem, JERRY**  
**7214 N DALE MABRY**  
**TAMPA FL 33614**

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.

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 \$350.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STETHem, JERRY</b>	
STREET ADDRESS	<b>7214 N. DALE MABRY</b>	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WALTERS, MARK</b>	
STREET ADDRESS	<b>7214 N DALE MABRY</b>	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**8-26-2000**

Date

**813-249-0004**

Daytime Phone #

CR2E034 (9/99)