## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am Secretary of State DOCUMENT # P97000039723 IE FUTON SOURCE INC. 02-20-2002 90123 033 \*\*\*150.00 rincipal Place of Business Mailing Address 9 RIDGEWOOD AVE 1419 RIDGEWOOD AVE LLY HILL FL 32117 HOLLY HILL FL 32117 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3444540 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --- 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, KEITH C Street Address (P.O. Box Number is Not Acceptable) 1419 RIDGEWOOD AVE HOLLY HILL FL 32117 City Zip Code 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. trong the ment of it at both and with the Signature, typed or printed name of registered agent and title if applicable: (NOTE. Registered Agent signature required when reinstating) aThis corporation is eligible to satisfy its Intangible 東京ならCS FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE ☐ Addition SMITH, KEITH C MÉ NAME REET ADDRESS 1419 RIDGEWOOD AVE STREET ADDRESS HOLLY HILL FL 32117` CITY-ST-ZIP TLE ☐ Delete TITLE Change ☐ Addition ME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ☐ Delete — TITLE ME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP LE. ☐ Delete TITLE. Change ☐ Addition ME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP 'nΕ ☐ Delete TITLE Change ☐ Addition ME. NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP: ... ÌΕ ☐ Delete MF NAME REET ADDRESS STREET ADDRESS İY-ST-ZIP CITY-ST-ZIP 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.

FILED

CR2E034 (9/01)