# 2000 UNIFORM BUSINESS REPORT (UBR)

5/15/00

**FILED**
**Jul 07, 2000 8:00 am**
**Secretary of State**
05-15-2000 90195 009 ***150.00

DOCUMENT # P97000051484

Entity Name

CLASSIC UPHOLSTRY PLUS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| WEST DR., W.<br>FL 32904 | 405A WEST DR., W.<br>MELBOURNE FL 32904-1035 |

NEW ADDRESS

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 725-G South Wickham Rd | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: West Melbourne, Fla. 32904 | City & State: SAME |
| Zip / Country | Zip / Country |

4. FEI Number 59-3451175 ☐ 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 |
|---|---|
| TRACY, CARRIE S<br>405A WEST DR., W.<br>MELBOURNE FL 32904<br>Johnson, Carrie S.<br>725-G South Wickham Rd. | Name: Johnson, Carrie Suzette<br>Street Address (P.O. Box Number is Not Acceptable): 725-G South Wickham Road<br>West Melbourne, Fla. 32904<br>City: West Melbourne FL Zip Code: 32904 |

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: Carrie Suzette Johnson — 6-5-2000
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D ~~CRE~~<br>TRACY, CARRIE S<br>405A WEST DR., W.<br>MELBOURNE FL 32904 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>Johnson, Carrie S.<br>725-G Wickham Road<br>West Melbourne, Fla. 32904 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>Carrie S. Johnson |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE-PRESIDENT<br>Kenneth K. Tracy<br>725-G Wickham Road<br>West Melbourne, Fla. 32904 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>Kenneth K. Tracy |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (9/99)

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: Carrie Suzette Johnson — 6-5-2000 — 321-725-8340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #