

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90061 027 \*\*\*150.00

**DOCUMENT # P97000063120**

**1. Entity Name**  
**DAVID FRANCIS FURNITURE CORP.**



**Principal Place of Business** **Mailing Address**  
~~4330 US HWY 1~~ 3990 US Hwy 1 ~~4330 US HWY 1~~ 3990 US Hwy 1  
VERO BEACH FL ~~32967~~ 32960 VERO BEACH FL ~~32967~~ 32960  
US US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 65-0773132

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**

SWETT, THERESA F

~~4330 US HWY 1~~ 3990 US Hwy 1  
VERO BEACH FL ~~32967~~ 32960

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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME SWETT, DAVID F  
STREET ADDRESS 1832 SANPOINTE LN. E.  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 860 Crescent Beach Rd.  
CITY-ST-ZIP Vero Beach FL 32963

TITLE ☐ Delete  
NAME SWETT, THERESA F  
STREET ADDRESS 1832 SANPOINTE LN. E.  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 860 Crescent Beach Rd.  
CITY-ST-ZIP Vero Beach FL 32963

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

**12. 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 10 or Block 11 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

1/20/03

Date

772-567-7769

Daytime Phone #

CR2E034 (10/02)