

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90056 038 ***150.00

DOCUMENT # P97000082873

1. Entity Name

CUSTOM FURNITURE BY TILDEN BYBEE, INC.

Principal Place of Business

Mailing Address

~~6330 OLD CHENEY HWY~~
 ORLANDO FL 32807
 US

*6330 OLD
 Cheney Hwy*

~~6330 OLD CHENEY HWY~~
 ORLANDO FL 32807-3669
 US

6330 OLD Cheney Hwy

2. Principal Place of Business

6330 OLD Cheney Hwy

3. Mailing Address

6330 OLD Cheney Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORL. FL.

City & State

ORL. FL.

4. FEI Number

59-3462653

Applied For

Not Applicable

Zip

Country

32807

ORANGE

Zip

Country

32807

ORANGE

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

BYBEE, TILDEN R
6342 OLD CHENEY HWY
ORLANDO FL 32807

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 \$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 *President*
 NAME **BYBEE, TILDEN R**
 STREET ADDRESS **6342 OLD CHENEY HWY**
 CITY-ST-ZIP **ORLANDO FL 32807** *6330*

TITLE
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 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:

Tilden R. Bybee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-00 407-658-8844