## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000096314 DOCUMENT #

1. Entity Name

**SIGNATURE** 

ROYAL UPHOLSTERING, INC.



## T1LED Mar 20, 2003 8:00 am Secretary of State 03-20-2003 90112 011 501 **FILED**

03-20-2003 90113 011 \*\*\*158.75

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Principal Place of Business 5601 EDGEWATER DR ORLANDO FL 32810			5601	Mailing Address 5601 EDGEWATER DR ORLANDO FL 32810									
2. Principal F	Place of Busin	ess	3. Ma	3. Mailing Address									
Suite, Apt.	#, etc.		Sui	Suite, Apt. #, etc.				[	CHECK HER	RE IF MAKING	G CHANGES		
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	o. Name	and Address of C	urrent Hegister	ed Agent.	-			7. Name and 7	address of Nev	v Registered	Agent_		4
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	FSIDE DR FL 32808					Sileet Addi	1622 (17.1	O. Box Number	is not Accepta				-
						City				FL	Zip Coo	le	1
8. The above the obligat	named entity ions of registe	submits this stater ered agent.	ment for the purp	oose of changing its	registere	ed office or rec	gistered	d agent, or both	in the State of	Florida. I am	<u> </u>	and accept	-
SIGNATURE .	Signature, typed	or printed name of register	ed agent and title if ap	olicable. (NOTE	Registere	d Agent signature re	equired w	nen reinstating)		DATE			
After	May 1, 200	FEE IS \$150.0 3,Fee will be \$5 Florida Departm	50.00				, <b>.</b>	1	tion Campaign t Fund Contribu			00 May Be d to Fees	1
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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.

WELLE CHARLOHEMARIER V.P. 3-17-03 (407)291-7632

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Displace Phone \*