2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000009101** Apr 23, 2000 8:00 am Secretary of State APACHE FURNITURE INCORPORATED 04-23-2000 90060 035 ***150.00 Mailing Address Principal Place of Business 8220 49TH ST. NORTH 8220 49TH ST. NORTH PINELLAS PARK FL 33781 PINELLAS PARK FL 33781-1537 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3489604 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Heisler BOGACKI, SUSAN M 8220 49TH ST. NORTH PINELLAS PARK FL 33781 Zip**£33**e78 Pinellas 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Addition President **DPS** TITLE TITLE Delete NAME Heisler BOGACKI, DANIEL R Ronald NAME 5200 82nD AV. N. STREET ADDRESS STREET ADDRESS 8220 49TH ST. NORTH CITY-ST-7IP Pinellas Park, FL 33781 CITY-ST-ZIP PINELLAS PARK FL 33781 Via - President Change Addition Delete TITLE TITLE Robert Heisler **BOGACKI, SUSAN M** NAME 5200 BZND AV. N. STREET ADDRESS STREET ADDRESS 8220 49TH ST. NORTH Park, FL 33781 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

4-17-00 727-541-3161

Daytime Phone #