2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P98000015426 14TH STREET FURNITURE, INC. 03-06-2001 90017 031 ***150.00 Principal Place of Business Mailing Address 1025 NE 14TH ST. P.O. BOX 2031 OCALA FL 34475 OCALA FL 34478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3565148 Not Applicable Zip Country Zip Country \$8.75-Additional 5. Certificate of Status Desired .- - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RYDIN, INGE Street Address (P.O. Box Number is Not Acceptable) 275 SW 72ND PL. OCALA FL 34470 Zip Code FL 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition INGE, RYDIN NAME NAME STREET ADDRESS 275 SW 72ND PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34475** TITLE ☐ Delete ☐ Change ☐ Addition NAME RYDIN, JULIA K NAME STREET ADDRESS 275 SW 72ND PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34475 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 eath; 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.