

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028275

Entity Name

DAVID EBERHART & SON UPHOLSTERING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90178 016 ***150.00

Principal Place of Business

Mailing Address

HOLLAND DR., STE.17
BOCA RATON FL 33487

1141 HOLLAND DR., STE.17
BOCA RATON FL 33487-2738



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

3020 S.W 14TH PL

3020 S.W 14TH PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 546

Suite 546

City & State

City & State

Boynton Beach FL

Boynton Beach FL

Zip

Country

Zip

Country

33426

USA

33426

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EBERHART, DAVID M SR.
1141 HOLLAND DR., STE.17
BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

3020 S.W 14TH PL

City

FL

Zip Code

I, 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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete
P
EBERHART, DAVID M
637 EAST DR
DELRAY BEACH FL 33445

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

☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)