FOR PROFIT CORPORATION

2002 8:00 am Sen 17

UNIFORM BUSINESS REPORT (UBR)					Secretary of State		
DOCUMENT # \$ 98 000054394				09-17-2002 90105 042 ***150.00			
1. Entity Name	1 1/2	LOW 4 .					
OVER	Giels upholsi	EKY, ANC					
D	O NOT WRITE	IN THIS SPA	ACE				
2. Principal Place	ce of Business E Monterey &d.	3. Mailing Address 285らと Won	tereu la				
Suite, Apt. #,		Suite, Apt. #, etc.	1000/14		DO NOT WRITE IN THIS SF	PACE	
		City & State Studet			El Number 05 08 42 359	Applied For Not Applicable	
Zip 34990	Country MARTIN	Zin	Country MARTIN		Sertificate of Status Desired L1 - F	8.75 Additional ee Required	
	Marine and the second s	,		7. Na	me and Address of Current Registered	Agent	
	DO NOT WE	\1 ~ ~	Name	E M,	gey GEHEL MAN	2-	
	DO NOT WE	(IIE	Street Addre	ss (P.O. Bo	ox Number is Not/Acceptable		
IN THIS SPACE			ROPT ST LIDER Of 34952			14952	
	To the second second		City	, G.	<u>παείε, 97 - </u>	Zip Code	
<u> </u>	4						
8. The above n	amed entity submits this statement for t	he purpose of changing its re	gistered office or reg	istered age	ent, or both, in the State of Florida.		
SIGNATUREs	ignature, typed or printed name of registered agent and	title if applicable (NOTE: R	Registered Agent signature re-	quired when re	instaling) DATE		
9. This corpora	ation is eligible to satisfy its Intangible		y 1 Fee is \$150.00		10. Election Campaign Financing	\$5.00 May Be	
Tax filing requirement and elects to do so. After may 1, Amended 1			UBR is \$61.25		Trust Fund Contribution.	Added to Fees	
(See criteria	·	Make Check Payable	to Department of	State			
TITLE	OFFICERS AND D	MAN/DIER.	TITLE			£ (£)	
NAME	and the st	GER.	NAME			R2E034B (12/01)	
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TITLE	ROSE MARY GEHELA	nan YKESiden	THLE			CR2	
TITLE ROSE NARY GEHELMAN PRESIDENT NAME STREET ADDRESS 2185E Adobe St. CITY-ST-ZIP R. S. L. Ol 34952			NAME STREET ADDRESS				
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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 on an attachment with an address with all other like empowered.

SIGNATURE: 🖊

9/10/02 772-286-5776.

Date Daytime Phone *

Covergins Affachment L Upholstery Inc. 285 S.E. Monterey Rd. Stuart, FL 34994 8/12/02 It dept of state lef # 9 88000054394 in legal to your letter durted July 29 1/2. 2002 I don't understand what over had happen to this & gest Know that I shaw them been laite Here it is my \$150, Z hope you accept it Desiners has been My Shigish & \$ 400 late fee is much more that I could afford I really appreciated your help; thank you, Ad Bless. Mosemay Settletin