

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000351

1. Entity Name

WORLDWIDE FURNITURE IMPORTS, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90046 021 \*\*\*150.00

Principal Place of Business

27253 BUCCANEER DRIVE  
BONITA SPRINGS FL 34135

Mailing Address

27253 BUCCANEER DRIVE  
BONITA SPRINGS FL 33908-4699

2. Principal Place of Business

5685 YOUNGQUIST RD

Suite, Apt. #, etc.

3. Mailing Address

5546 PARK RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number

59-3555118

Applied For

Not Applicable

Zip

Country

33912

USA

Zip

Country

33908

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIHLAR, AMINDA  
27253 BUCCANEER DRIVE  
BONITA SPRINGS FL 34135

Name

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

5546 PARK RD

1

City

FT MYERS

FL

Zip Code

33908

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)

DATE

9. 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CIHLAR, JACK	
STREET ADDRESS	27253 BUCCANEER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIHLAR, AMINDA	
STREET ADDRESS	27253 BUCCANEER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5546 PARK RD
CITY-ST-ZIP	FT MYERS FL 33908
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5546 PARK RD
CITY-ST-ZIP	FT MYERS FL 33908
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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)