2000 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2000 8:00 am DOCUMENT # P9900067166 Secretary of State BEACH BOY UPHOLSTERY CO. ACCOUNTAG & TALL of th 02-15-2000 90036 013 ***158.75 Mailing Address Principal Place of Business 6355 GULF BLVD 6355 GULF BLVD. ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 33706-3717 $\Gamma \Omega \Omega \Psi \Psi \sigma \sigma \sigma \sigma$ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip_{act} & 5. Certificate of Status Desired 300 1 -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ACCOUNTING & TAX HELP, INC. Street Address (P.O. Box Number is Not Acceptable) RE (8668 PARK BLVD) PLANT CO SUITE A SEMINOLE FL 33777 Zio 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10 Election Campaign Einanding \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE NAME NAME BRANNON, MARK STREET ADDRESS STREET ADDRESS 6355 GULF BLVD. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706 TITLE TITLE Delete MANDEL, WILLIAM NAME STREET ADDRESS STREET ADDRESS 6355 GULF BLVD. CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP-Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-07-00

363-1936

Daytime Phone #