

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S12841

1. Entity Name

ROOMS TO GO INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90159 029 ***150.00

Principal Place of Business

11540 HIGHWAY 92 EAST
SUITE 25
SEFFNER FL 33584
US

Mailing Address

ATTN: ACCOUNTS PAYABLE DEPT.
11540 HIGHWAY 92 EAST
SEFFNER FL 33584

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3029386

Applied For

Not Applicable

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

SCHWARTZ, LARRY
11540 HIGHWAY 92 EAST
SEFFNER FL 33584

Name

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

City

FL

Zip Code

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	JEFFREY SEAMAN	
STREET ADDRESS	11540 HIGHWAY 92 EAST	
CITY-ST-ZIP	SEFFNER FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEWIS, STEIN	
STREET ADDRESS	11540 HIGHWAY 92 EAST	
CITY-ST-ZIP	SEFFNER FL	
TITLE	ASV	<input type="checkbox"/> Delete
NAME	LARRY SCHWARTZ	
STREET ADDRESS	11540 HIGHWAY 92 EAST	
CITY-ST-ZIP	SEFFNER FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROBERT CLAESON	
STREET ADDRESS	330 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	FINKEL, JEFFREY	
STREET ADDRESS	11540 HIGHWAY 92 EAST	
CITY-ST-ZIP	SEFFNER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCOBY, RICHARD	
STREET ADDRESS	11540 HIGHWAY 92 EAST	
CITY-ST-ZIP	SEFFNER FL 33584	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 #

4/13/2000

CR2E034 (9/99)