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SECRETARY OF STATE: TALLAMASSEE FLORIDA

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DOCUMENT # ... \$23422

1. Entity Name BAHAMA UPHOLSTERING, INC.

Principal Place of Business 1939 DANA DRIVE FT MYERS EL-33907

Mailing Address 1939 DANA DRIVE-

FT MYERS FL 33907

3. Mailing Address 2. Principal Place of Business 1937 1)ruie ()AN A Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT

6. Name and Address of Current Registered Agent

City & State

Country

5. Certificate of Status Desired

\$8.75 Additional -Fee Required -

Applied For

Not Applicable

7. Name and Address of New Registered Agent

65-0235314

HARVEY, TIMOTHY J 1839 DANA DRIVE

FT. MYERS FL 33907

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

City

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. I am familiar with, and accept SIGNATURE/ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE 16 \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE Channe Addition HARVEY, TIMOTHY NAME NAME STREET ADDRESS 1403 S.W.11TH AVE. STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE '⊡'Dèlète - ==- - Change . _ _ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with

COSSENTINO & ORLANDO

ACCOUNTANTS 1402 Cape Coral Parkway Cape Coral, FL 33904 (239) 945-4939 Fax (239) 945-4938

November 17, 2003

Florida Department of State Division of Corporation P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Bahama Upholstering, Inc. #S23422

To Whom It May Concern,

I am the accountant for the above mentioned client. In March of 2003, we contacted the Department of State because my client did not receive his annual filing report. They said, his annual report was sent back since the address was incorrect when we called Tallahassee. At that point, we gave the department our new address. They said they would send another blank form immediately, before the May 1st due date. In late April of 2003, we again called and informed the Department of State, that we never received the blank form. Finally, on November 14, 2003, we received the Filing Form, with the wrong address, that should have been sent in January of 2003. We complained to the Department of State that because of their error, we did not feel that we were liable for the \$550.00-fee.—They advised us that we should send in this letter explaining the circumstances, and that the \$150.00 fee would be accepted.

If you should have any questions, please feel free to contact me.

Thank you,

Salvatore J. Cossentino

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