2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$71594 1. Entity Name

FILED May 16, 2001 8:00 am Secretary of State

SUBJECT PL 34994 2. Principal Place of Business Suite. Appl. #. etc. Suite. Appl. #. etc. Suite. Appl. #. etc. City & State SUNDHEIR, FREDERICK J 310 SW OCAN BLVD STUART FL 34994 City FL Zip Code Sinest Address (P.D. Box Number is Not Acceptable) Sinest Address (P.D. Box Number is Not Acceptable) Sinest Address (P.D. Box Number is Not Acceptable) FLE Now!!! FEE IS \$150.00 Atter MAY 1, 2001 Fee will be \$550.00 Att	JULIAN	s auto i	JPHOLSTERY, INC.					05-16-2001 90047 033 ***150.00			
Suite, Apt. #. etc. Suite, Apt. #. etc.	526 S.E. MONTEREY RD 526 S.E. MON				NTEREY RD						
Suite, Apt. #. etc. Suite, Apt. #. etc.	2. Principal F	Place of Busin	ness	3. Mailing Ad	dress		-				
Zip Country Zip Country 5, Certificate of Status Desired S.7.5 Additional Fee Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Name and Address of New Registered Agent 7, Name and Address of New Registered Agent 1, Name 3	Suite, Apt. #, etc. Suite, Apt				#, etc.						
Country	City & State City & Sta				iė		4.	1 00 0203427			
SUNDHEIM, FREDERICK J 310 SW OCEAN BLVD STUART FL 34994 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. SIGNATURE Signature, band or printer rame of inquired agent and title if applicative. P. This corporation is eligible to satisfy (its Intangible Tark flig) requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Make Check Payable to Department of State P. This corporation is eligible to satisfy (its Intangible Tark flig) requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Make Check Payable to Department of State P. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME LANE, JULIAN L JR 1002 E MADISON AVE STUART FL 34996 TIME MAKE STUART FL 34996 Detels TIME MAKE STUART FL 34996 Detels TIME MAKE STRET ADDRESS CITY-S1-2P STUART FL 34996 Detels TIME MAKE STRET ADDRESS CITY-S1-2P TIME MAKE STRET ADDRESS CIT	Zip Country Zip				Country		5.	Not Applicable Certificate of Status Desired			
SUNDHEIM, FREDERICK J 310 SW OCEAN BLVD STUART FL 34994 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, hyser or primer area in registered speek and tice if applicable. (NOTE: Registered agent, or both, in the State of Florida. SIGNATURE Signature, hyser or primer area in registered speek and tice if applicable. FILE NOW!!: FEE IS \$150.00 After MAY 1, 2001 Fee will be \$500.00 After MAY 1, 2001 Fee will be \$500.00 Make Check Payable to Department of State IT. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS 11 1 Change Additional State IT. STATE ADDRESS STRUART FL 34996 CITY-51-2P TILE MAKE SIRET ADDRESS CITY-51-2P TILE MAKE SIRET ADDRESS CITY-51-2P TILE MAKE MAKE SIRET ADDRESS CITY-51-2P Change Addit MAKE SIRET ADDRESS CITY-51-2P Change Addit MAKE SIRET ADDRESS CITY-51-2P Change Addit MAKE SIRET ADDRESS CITY-51-2P Change Addit MAKE SIRET ADDRESS CITY-51-2P Change Addit MAKE SIRET ADDRESS CITY-51-2P Change Addit MAKE SIRET ADDRESS CITY-51-2P Change Addit MAKE SIRET ADDRESS CITY-51-2P Change Addit MAKE SIRET ADDRESS CITY-51-2P Change Addit MAKE S		6 Name	and Address of Current	Begistered Age		·····		<u></u>			
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STUART FL 34994 City FL Zip Code 6. 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 rame of registered agent and their printed rame of registered agent, or both, in the State of Florida. Signature, typed or printed rame of registered agent and their printed rame of registered agent, or both, in the State of Florida. Signature, typed or printed rame of registered agent and their printed rame of registered agent, or both, in the State of Florida. Signature, typed or printed rame of registered agent and their printed rame of registered agent, or both, in the State of Florida. Signature, typed or printed rame of registered agent, or both, in the State of Florida. Mark capparation Signature, typed or printed rame of registered agent, or both, in the State of Florida. Mark capparation Signature, typed or printed rame of registered agent, or both, in the State of Florida. Mark capparation Signature, typed or printed rame of registered agent, or both, in the State of Florida. Mark capparation Signature, typed or printed rame of registered agent, or both, in the State of Florida. Mark capparation Signature, typed or printed rame of registered agent, or both, in the State of Florida. Mark capparation Signature, typed or printed rame of registered agent, or both, in the State of Florida. Mark capparation Signature, typed or printed rame of registered agent, or both, in the State of Florida. Mark capparation Signature, typed or printed rame of registered agent, or both, in the State of Florida. Mark capparation Signature, typed or printed rame of registered agent, or both, in the State of Florida. Mark capparation Signature, typed or printed rames of registered agent, or both rame of							ress (P.O.	P.O. Box Number is Not Acceptable)			
B. 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							7				
SIGNATURE Signature, byend or printed name of registered agent and size if applicable. (NOTE Registered Agent signature required when relistations) DATE						City			FL Zip Coo	le	
TITLE LANKE LANE, JULIAN L JR LANE, JULIAN L JR LANE, JULIAN L JR LANE, JULIAN L JR STREET ADDRESS STUART FL 34996 ST DEBETE DYER, JULIANNE L 1002 E MADISON AVE STREET ADDRESS STREET AD	9. This corpo Tax filing r (See criter	oration is eligi requirement a	ble to satisfy its Intangible and elects to do so.	After Make Cl	ILE NOW!!! FEE IS \$150.00 MAY 1, 2001 Fee will be \$550.00 neck Payable to Department of State			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
LANE, JULIAN L JR 1002 E MADISON AVE STREET ADDRESS STUART FL 34996 ITILE ST DYER, JULIANNE L 1002 E MADISON AVE STREET ADDRESS STIV-51-ZIP TILE MAME STREET ADDRESS STRE		OD	OFFICERS AND I	·			A[DDITIONS/CHANGES TO OFFICERS	~ _		
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	ITLE : IAME TREET ADDRESS	·		<u> </u>	Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

I hereby certify that the information supplied with this filling 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: _

Daytime Phone #