

2009

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2009

ATX1

DOCUMENT # S72430	
1. Entity Name	
BUCK'S UPHOLSTERY, INC	

FILED

2009 FEB 24 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business P.O. BOX 585567 418 N Pine Hills Rd		3. Mailing Address P.O. BOX 585567	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32811 32858-5567	Country	Zip 32858-5567	Country

400142093464

01/27/09--01005--013 **150.00
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3079708		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ROOSEVELT WASHINGTON			
Street Address (P.O. Box Number is Not Acceptable) 418 N PINE HILLS ROAD			
City ORLANDO		Zip Code 32811	

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE Roosevelt Washington
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, ROOSEVELT 418 N PINE HILLS RD ORLANDO, FL 32811			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Roosevelt Washington ROOSEVELT WASHINGTON 1-19-09 (407) 299-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #