2002 UNIFORM BUSINESS REPORT (UBR)

May 05, 2002 8:00 am § Secretary of State DOCUMENT # V21737 1. Entity Name 05-05-2002 90288 008 ***150.00 ROSIER UPHOLSTERY, INC. Principal Place of Business Mailing Address 3110 21ST AVE W 3110 21ST AVE W **BRADENTON FL 34205 BRADENTON FL 34205** US 3. Mailing Address., 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0321522 Not Applicable Country Zip Zip Country \$8.75 Additional 5.-Certificate of Status Desired --Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDRICKSON, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 3110 21ST AVE W **BRADENTON FL 34205** City Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Defete TITLE ☐ Change ☐ Addition HENDRICKSON, ROBERT A. NAME NAME STREET ADDRESS 3110 21ST AVE W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME LEE, RONALD C. NAME STREET ADDRESS 3110 21ST AVE W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS 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 ☐ Addition 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #46 - 8758

FILED