## 2003 FOR PROFIT CORPORATION

## Mar 17, 2003 8:00 am secretary of State UNIFORM BUSINESS REPORT (UBR) V21737 DOCUMENT # 03-17-2003 90134 043 \*\*\*150.00 1. Entity Name ROSIER UPHOLSTERY, INC. Principal Place of Business Mailing Address 3110 21ST AVE W 3110 21ST AVE W **BRADENTON FL 34205 BRADENTON FL 34205** 3. Mailing Address 2. Principal Place of Business 4304 Wand StE 4304 62nd StE CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0321522 Bladenton Bladenton Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3*4208* W.S Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hen drickson HENDRICKSON, ROBERT A. Street Address (P.Q. Box Number is Not Acceptable) 3110 21ST AVE W 0200 **BRADENTON FL 34205** radenton 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE TITLE Robert A. Hendrickson HENDRICKSON, ROBERT A. NAME NAME 4304 Wand St E 3110 21ST AVE W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** Bradenton FL 34208 CITY-ST-7/P CITY-ST-ZIP ☐ Delete Change Addition TITLE Ronald C. Lee 4304 band St E LEE, RONALD C. NAME STREET ADDRESS 3110 21ST AVE W STREET ADDRESS Bradenton FL 34208 BRADENTON FL 34205 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Table Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

**FILED**