

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90933 025 ***150.00

0013048 MR

DOCUMENT # F02000006285

1. Entity Name

THE CHILDRENS FURNITURE COMPANY



Principal Place of Business

1835 AVON ST
CHARLOTTESVILLE VA 22902

Mailing Address

PO BOX 260
CHARLOTTESVILLE VA 22902

2. Principal Place of Business

508 Dale Ave

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlottesville, VA

City & State

Charlottesville, VA

Zip

22903

Country

USA

Zip

Country

4. FEI Number

52-1808270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COMMERCIAL DESIGN PRODUCTS, INC.
535 MARY JESS ROAD
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MURRAY, JAMES B JR
CITY-ST-ZIP 0 COURT SQUARE
CHARLOTTESVILLE VA 22902

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS MURRAY, CHRISTOPHER
CITY-ST-ZIP 3945 TWO STONE ROW
EARLYSVILLE VA 22936

TITLE ☒ Change ☐ Addition
NAME Murray, Christopher
STREET ADDRESS 1217 Hazel St.
CITY-ST-ZIP Charlottesville, VA 22902

TITLE ☐ Delete
NAME VP
STREET ADDRESS MOSER, THOMAS
CITY-ST-ZIP 72 WRIGHTS LANDING
AUBRUN ME 04211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE: Christopher Murray 4/7/03 434-293-7028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)