2002	2 UNI	FOF	RM BUSI	NESS REP	R)	FILED Jan 08, 2002 8:00 am						
DOCU		#	63421	1		Secretary of Sta					te	,
		URNI	TURE, INC.					01-08-2002 900	25 009 *	**150.00)	<
Principal Plac	e of Busines			Mailing Address								
815 S. U.S. HIGHWAY 1				815 S. U.S. HIGHWAY 1			Ì					
JUPITER FL 3	3477-5923			JUPITER FL 33477-5923	t							
2. Principal Place of Business				3. Mailing Address				(
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP.	ACE		
City & State				City & State			4. F	4. FEI Number 59-1938641 Applied For Not Applicable				
Zip Country		try	Zip Co		ntry	5. (Certificate of Status Desired		3.75 Add	litional	1	
6. Name and Address of Current				Registered Agent				lame and Address of New Reg		e-Require	<u> </u>	4
	o. ivalile	unu Ac	dicas di Carreix i	egistored Agent		Name		talle and Address of New Fleg	istored Ag			1
SEVERSON, JOHN M ESQ.						Street A	Address (P.O. B	lox Number is Not Acceptable)				1
1400 CENTERPARK BLVD., SUITE 860 WEST PALM BEACH FL 33401												1
WEST PAI	LM BEACH	FL 334	U 1			City		· · · · · · · · · · · · · · · · · · ·		Zip Code		1
						City			FL	ZIP COOL		4
8. The above	named entity	y submit	s this statement for	the purpose of changing i	ts register	ed office o	r registered ag	ent, or both, in the State of Florid	la.			ļ
SIGNATURE _												
<u>.</u>			ame of registered agent an	T			ture required when re	einstating)	DATE			-
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 				FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00				 Election Campaign Finan Trust Fund Contribution. 	cing		0 May Be to Fees	
(See criter	ria on back)	_		Make Check Paya			t of State					
11. OFFICERS AND					12.			DITIONS/CHANGES TO OFFICE		_		=
TITLE NAME	PTD	- VEU	ı	☐ Delete TI				SURER ZIE, KELL!	,	Change	Addition	(9/01
NAME MCKENZIE, KELLI STREET ADDRESS 815 S. U.S. HIGHWAY 1						EET ADDRESS	915 5	U.S. HWY!				34
CITY-ST-ZIP	JUPITER F					-ST-ZIP	JUPIN	TR, FL 33477-	592	3		CR2E034
TITLE	VSD			☐ Delete	TITL	E	SECRE	TARY		C hange	Addition	5
NAME	MCKENZI		OKE		NAM		MCKE	NZIE, BROOKE	•	_		
STREET ADDRESS CITY-ST-ZIP	815 S US		7 5000			EET ADDRESS '- ST-ZIP	815 5.	U.S. HWY!	500	~		1
TITLE	JUPITER F	L 334/	7:5923		TITL		PRESI	ER, FL 33477.		Change	★ Addition	~ ^
NAME				☐ Delete	NAM			E H. HCKENZK		_ Change	Audition	
STREET ADDRESS							815 5	. U.S.HWY. 1	•			
CITY-ST-ZIP					CITY	-ST-ZIP	JUPIT	ER FL 33477	-592	<u>ے</u> ق		
TITLE				☐ Delete	TITL		VICE P	RESIDEUT		Change	Addition	
NAME					NAM		NAN	E. MCKENZIE				l
STREET AODRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP		. U.S. HWY. I	-50-			
				☐ Delete	TITL		JUPIN	ER, FL 33477		Change	☐ Addition	1
TITLE NAME				□ Delete	NAN		1		L.] Unallys	☐ Addition	{
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP					CITY	'-ST-ZIP	<u> </u>]
TITLE				☐ Delete	TITL	E	i			Change	☐ Addition	

NAME STREET ADDRESS

CITY-ST-ZIP

NAME

CITY-ST-ZIP

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 suppliemental 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 rederiver by 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:

SIGNATURE:

SIGNATURE SIGNANG PROBLES SIGNING OFFICER OR DIFFECTOR.

Date:

Date: