

02103
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 684841

1. Entity Name

LOHMANN'S FURNITURE, INC.

03 MAR -4 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3680 NW 16TH STREET

Suite, Apt. #, etc.

3. Mailing Address
C/O BERNICE LOHMANN

Suite, Apt. #, etc.

2067 BOREALIS WAY

DO NOT WRITE IN THIS SPACE

City & State
LAUDERHILL, FL

City & State
WESTON, FL

4. FEI Number
59-2048107

Applied For
Not Applicable

Zip
33311

Country

Zip
33327

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BERNICE LOHMANN

Street Address (P.O. Box Number is Not Acceptable)
2067 BOREALIS WAY

City
WESTON

FL

Zip Code
33327

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinsizing)

DATE

100009424161
12/09/02--01112--007 **150.00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
LOHMANN, BERNICE
2067 BOREALIS WAY, WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNICE LOHMANN X 12/1/02 X 954-349-8105

Date

Daytime Phone

CR2E034B (12/01)

Attachment
SIDNEY TEGER

Certified Public Accountant

November 20, 2002

Florida Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: LOHMANN'S FURNITURE, INC. - ID#59-2048107 - DOCUMENT
#684841

Gentleman/Madam,

I am the accountant for the above named corporation. My client recently brought me all of her bank statements and check stubs for recording the January thru October 2002 transactions. In reviewing these documents I determined that the taxpayer never paid the annual report fee of \$150.00 which was due no later than May 1, 2002.

At the end of last year the taxpayer's business location and personal residence changed. As a result she never received the annual report form from the Secretary of State. The taxpayer is usually very attentive to matters of this kind, but was unaware that the annual report had not been filed.

Enclosed you will find a signed Uniform Business Report for the year 2002 accompanied with a check for \$150.00. We respectfully request that any late payment penalties be abated in this instance. Thanking you very much in advance for any consideration.

If you have any questions regarding this matter, please do not hesitate to contact me.

Very truly yours,


Sidney Teger,
Certified Public Accountant

ST/tt

Encl.

cc: Mrs. Bernice Lohmann

November20.doc