

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90014 023 ***150.00

0504188

DOCUMENT # F00000006259**1. Entity Name**
FURNITURE FACTORS, INC.

Principal Place of Business
124 S. THOMAS ST., STE D
TUPELO MS 38801

Mailing Address
PO BOX 2081
TUPELO MS 38803-2084

140028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address P.O. Box 2084	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TUPELO, MS		4. FEI Number 64-0757414	Applied For Not Applicable
Zip 38803-2084	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILSON, PAUL A
4300 BAYOU BLVD., STE 13
PENSACOLA FL 32503

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.

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PCD ROBBINS, KEN STREET ADDRESS 124 S. THOMAS ST., STE D CITY-ST-ZIP TUPELO MS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S BUTLER, JUDY STREET ADDRESS 124 S. THOMAS ST., STE D CITY-ST-ZIP TUPELO MS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D BREVARD, HENRY STREET ADDRESS PO BOX 407 CITY-ST-ZIP TUPELO MS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D BURRUS, SWAN STREET ADDRESS 2509 LAKESHIRE DR. CITY-ST-ZIP TUPELO MS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D MATTHEWS, DAN STREET ADDRESS 4001 MATTHEWS DR. CITY-ST-ZIP TUPELO MS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D PAGE, FRED STREET ADDRESS 5221-A CLIFF GOOKIN BLVD CITY-ST-ZIP TUPELO MS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

Joseph K. Robbins **Joseph K. Robbins** 4-6-01 662-680-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** **Date** **Daytime Phone #**

CR2E034 (10/00)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Duc. # F00000006259
740028



TO: 0604188 AF **AUTO '16 4 1201 38803-208181

F00000006259
FURNITURE FACTORS, INC.
PO BOX 2084
TUPELO MS 38803-2084

Please Change over P.O. Box #

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
4479