

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90046 005 \*\*\*550.00

**DOCUMENT # F01000000155**

1. Entity Name  
**HANK'S FURNITURE, INC.**

Principal Place of Business

**9912 INTERSTATE 30  
 LITTLE ROCK AR 72209**

Mailing Address

**P.O. BOX 191808  
 LITTLE ROCK AR 72219-1808**

2. Principal Place of Business

**5708 Warden Rd  
 Suite, Apt. #, etc.**

3. Mailing Address

**PO Box 6870  
 Suite, Apt. #, etc.**

City & State

**Sherwood AR**

City & State

**Sherwood AR**

4. FEI Number **71-0479121**

Applied For  
 Not Applicable

Zip **72120**

Country **USA**

Zip **72124**

Country **USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWNE, HENRY C  
 1415 DOVE LANE  
 ST. GEORGE ISLAND FL 32328**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWNE, HENRY C</b>	NAME	
STREET ADDRESS	<b>9912 INTERSTATE 30</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72209</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SKILES, STUART</b>	NAME	
STREET ADDRESS	<b>9912 INTERSTATE 30</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72209</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAIL, MARC</b>	NAME	
STREET ADDRESS	<b>9912 INTERSTATE 30</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLE ROCK AR 72209</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: (Signature) Vail **REQUIRED** 9/13/02 501-565-3561  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

80139196



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)