

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90458 016 ***150.00

DOCUMENT # G30788

1. Entity Name
SOUTHERN CONTRACT FURNITURE, INC.

Principal Place of Business Mailing Address
392 MELODY LANE 392 MELODY LANE
CASSELBERRY FL 32707 CASSELBERRY FL 32707
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2266742** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THEALL, THOMAS E.
619 WOODRIDGE DR
FERN PARK FL 32730

Name
J. Leslie Goff
 Street Address (P.O. Box Number is Not Acceptable)
392 Melody Lane
 City **Casselberry** **FL** Zip Code **32707**

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 DATE **3-7-01**

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	S	<input type="checkbox"/> Delete
NAME	GOFF, J. LESLIE	
STREET ADDRESS	824 MYSTIC OAK PLACE	
CITY-ST-ZIP	APOPKA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THEALL, THOMAS E.	
STREET ADDRESS	619 WOODRIDGE DR	
CITY-ST-ZIP	FERN PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P & T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goff, J. Leslie	
STREET ADDRESS	392 Melody Lane	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theall, Stephen T.	
STREET ADDRESS	392 Melody Lane	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theall, Eric	
STREET ADDRESS	392 Melody Lane	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Pres. **J. Leslie Goff** Date **3/7/01** Daytime Phone # **407/834-3362**

CRZE034 (10/00)