

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90189 045 ***150.00

DOCUMENT # P00000022803

1. Entity Name
OFFICE FURNITURE ASSOCIATES, INC.

Principal Place of Business 230 LOOKOUT PLACE, STE 200 MAITLAND FL 32751	Mailing Address 230 LOOKOUT PLACE, STE 200 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 625 EXECUTIVE DR. Suite, Apt. #, etc.	3. Mailing Address 8714 ASPEN AVE. Suite, Apt. #, etc.
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City & State WINTER PARK, FL.	City & State ORLANDO, FL.	4. FEI Number 59-3638369	Applied For <input type="checkbox"/> Not Applicable
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Zip 32789	Country USA	Zip 32817	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PIERCEFIELD, DAVID S 230 LOOKOUT PLACE, STE 200 MAITLAND FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FAIRCHILD, CARL 230 LOOKOUT PLACE, STE 200 MAITLAND FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition CARL B. FAIRCHILD 8714 ASPEN AVE. ORLANDO, FL. 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KING, JAMES H 230 LOOKOUT PLACE, STE 200 MAITLAND FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition JAMES H. KING 2600 CEE ROAD 226 WINTER PARK, FL. 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition JOHN SLEVIN 438 MCKINLEY AVE. CHARLESTON, W. VA. 25314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Carl B. Fairchild **3-15-01** **407-599-9551**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)