

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90650 035 ***150.00

0491287 AV

DOCUMENT # P94000073510

1. Entity Name
LORD'S QUALITY FURNITURE, INC.

Principal Place of Business 1312 MARKET CIRCLE UNIT 7 PORT CHARLOTTE FL 33953	Mailing Address 1312 MARKET CIRCLE UNIT 7 PORT CHARLOTTE FL 33953
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3069 S. McCall Rd. Suite, Apt. #, etc.	3. Mailing Address 3069 S. McCall Rd. Suite, Apt. #, etc.
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City & State Englewood FL	City & State Englewood FL
Zip 34224	Zip 34224
Country Charlotte	Country Charlotte

4. FEI Number 65-0522676	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LORD, DENNIS J
 1312-7 MARKET CIR
 PT CHARLOTTE FL 33953**

7. Name and Address of New Registered Agent

Name Lord, Dennis J
Street Address (P.O. Box Number is Not Acceptable) 3069 S. McCall Rd.
City Englewood FL
Zip Code 34224

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]* (NOTE: Registered Agent signature required when reinstating) DATE **3/21/02**

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	D LORD, DENNIS J 4138 YUCATAN CIRCLE PORT CHARLOTTE FL <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	D LORD, ETHEL 4139 YUCATAN CIRCLE PORT CHARLOTTE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **3/21/02** **941 473 7533**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)