

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90157 028 ***150.00

DOCUMENT # P98000099196

1. Entity Name
OFFICE FURNITURE CONCEPTS, INC.



Principal Place of Business
1199 LINDENWOOD DRIVE
TARPON SPRINGS FL 34689

Mailing Address
1199 LINDENWOOD DRIVE
TARPON SPRINGS FL 34689

2. Principal Place of Business
2477 JOHNNA COURT
Suite, Apt. #, etc.

3. Mailing Address
2477 JOHNNA COURT
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Palm Harbor, FL
Zip
34685
Country
Pinellas

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Palm Harbor, FL
Zip
34685
Country
Pinellas

4. FEI Number 59-3549389
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JENKINS, JUDITH A
1199 LINDENWOOD DRIVE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2477 JOHNNA COURT
City Palm Harbor FL Zip Code 34685

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, JUDITH A 1199 LINDENWOOD DR TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST JENKINS, THOMAS J 1199 LINDENWOOD DR TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2477 JOHNNA COURT Palm Harbor, FL 34685	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2477 JOHNNA COURT Palm Harbor, FL 34685	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH A. JENKINS 4-1-03 727-781-5806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)