

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90435 020 ***158.75

DOCUMENT # 165397

1. Entity Name
BADCOCKS ECONOMY FURNITURE STORE, INC.

Principal Place of Business Mailing Address
512 CLEMATIS STREET - 512 CLEMATIS STREET
WEST PALM BEACH FL 33401 WEST PALM BEACH FLA 33401-5304

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 Applied For
59-0656261 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BABER, JAMES C. III
512 CLEMATIS ST
WEST PALM BEACH FL 33401

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.

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

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, 2000 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

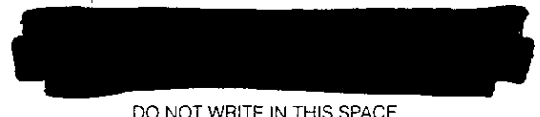
TITLE	S	<input type="checkbox"/> Delete
NAME	PARASMO, JANET B.	
STREET ADDRESS	5329 SEA BISCUIT RD.	
CITY-ST-ZIP	PALM BCH. GARDENS FL	
TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	BABER, JAMES C III	
STREET ADDRESS	7807 STEEPLECHASE DR.	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	BABER, EVELYN M	
STREET ADDRESS	851 COUNTRY CLUB CT	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BABER, JOHN W.	
STREET ADDRESS	655 ANCHORAGE DR.	
CITY-ST-ZIP	N. PALM BCH. FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURNER, SHARON B.	
STREET ADDRESS	5489 SEA BISCUIT RD.	
CITY-ST-ZIP	PALLM BCH. GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN W. BABER	
STREET ADDRESS	655 ANCHORAGE DR.	
CITY-ST-ZIP	N PALM BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET B PARASMO	
STREET ADDRESS	5329 SEA BISCUIT RD	
CITY-ST-ZIP	PALM BEACH GDNS, FL	

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 reports 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 a other like empowered.

SIGNATURE: *John W. Baber* **JOHN W. BABER** Date: **5/2/00** Daytime Phone #: **561659-1370**



DO NOT WRITE IN THIS SPACE